



Problem Gambling Network

PG NET CLIENT ENTRY USER GUIDE

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Introduction

The Problem Gambling Network (PG Net) system collects data on behavioral health (BH) clients receiving treatment for problem gambling. The system collects admission, discharge, service, treatment, status (demographic, etc.) and non-Medicaid service data. The data is collected at several points across time, from clients and concerned others that have enrolled in treatment and is used to:

- Provide demographics of clients utilizing services throughout the State of Oregon
- Determine effectiveness of the services being provided
- Identify how treatments offered to clients relates to treatment success
- Track how treatment cost/utilization factors apply to treatment success
- Track providers' compliance to contractually required performance standards and metrics
- Direct policy and practice in the design and implementation of a system of excellence to serve Oregonians with problem gambling treatment needs

Admission data should be collected from all clients at the time of admission and submitted into the system within 14 days of admission (this includes the client or concerned other admission survey). Discharge data is to be collected and submitted into the system within 90 days of the last contact. Timely submission of data is essential in ensuring effective client follow-up. Data submission performance is tracked based on event dates (admission or discharge).

The Oregon Health Authority will initiate follow-up and satisfaction surveys only with clients that have consented to participate in the evaluation process. Follow-up with program non-completers and completers will be accomplished at approximately six and twelve months, post discharge.

This guide provides users with clear instructions for navigating the system, requirements for successful data collection, and general tips for data submission.

It provides instructions for how to:

- Search for existing clients
- Create and admit new clients
- Add admission and discharge data
- Add diagnoses to treatment records
- Record and update status information for clients
- Report system issues
- Enter encounter/claims information
- Initiate a consent and survey form
- Request a treatment extension

Acronyms

OHA	Oregon Health Authority
PG Net	Problem Gambling Network
GPMS	Gambling Participant Monitoring System
ICD 9	International Classification of Diseases, Ninth Revision
ICD 10	International Classification of Diseases, Tenth Revision
OR Number	State of Oregon Employee Number
P Number	Provider Number

AA	Access Agreement
OIS	Office of Information Services
PGS	Problem Gambling Services

Accessing PG Net

OHA administers PG Net access through individual partner numbers (“P-numbers”). All P-numbers issued by OHA are for the sole use of the person to whom it was authorized. All contributors within PG NET must have a unique valid partner number (P-number) assigned to them.

- New users will need to contact COMPASS support to get their own P-number.
- When a user leaves their organization, the organization will contact COMPASS Support to have their user’s P-number deactivated.
- Most web browsers should run PG NET with no problems. For best user experience, Firefox and Edge are preferred. Safari and Chrome are not preferred browsers.

How to request access

To submit an access request within PG Net, send an email to Compass.Support@dhsoha.state.or.us with the following information:

- Legal name – First, MI, Last
- P-number (for current users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number
- Email address of user
- Requested user role (browser or facility contributor)
- Browser: Has viewing privileges, but cannot edit client records
- Facility Contributor: Can view and edit client records

Temporary Passwords

After OHA resets or issues a new P-numbers, users will need to change the temporary password provided to them. Temporary passwords expire after seven days. If the password has not been changed, the user’s P-number will be locked on the eighth day. The timeframe to complete the P-number password set up is typically a 24-hour window. If a password is not set up in that timeframe or if a P-number password has expired, users will need to contact the OIS Service Desk by calling 503-945-5623 and then select the first option for a password reset.

Password Requirements

Passwords must have at least:

- Ten characters
- One uppercase letter (A-Z)
- One lowercase letter (a-z)

- One number (0-9)
- One special character

Passwords cannot:

- Contain any spaces
- Be similar to previous passwords

Change passwords every 60 days

P-number passwords need to be changed every 60 days or users will be locked out of the system. To reset password every 60 days, use this Citrix link:

<https://1click.dhsoha.oregon.gov/vpn/index.html>.

Unlocking P numbers and Passwords

If a P-number is locked, the user must contact the Service Desk at 503-945-5623 and select option 1 for a password reset.

Password resets do not take effect automatically. Please wait at least fifteen minutes before logging in after requesting a password reset.

Requesting changes to P numbers

Email Compass.Support@dhsoha.state.or.us to deactivate a P-number, request a new P-number, or modify roles for an existing P-number.

Provide the following information:

- Legal name – First, MI, Last
- P-number (for existing users)
- Name of organization
- Mailing address – Street, City, State, ZIP code
- Job title and phone number
- Email address of the user
- Requested user role (browser or facility contributor)



Important Reminder: All P numbers issued by OHA are for the sole use of the person to whom it was authorized.

Login Page

To log into the system, users must send in a request to Compass.Support@dhsoha.state.or.us along with their user roles. Once they have been set up, they will receive an informational email with training opportunities and the access link. The user must be set up with their facility in advance if they are facility contributors.

If you have trouble logging in, you may need to set up your password or request access if you are a new user.

Training

New users will be given a login and password once they have received their new P-number. Trainings allow users to learn and practice using the PG Net system in a specified training environment. None of the data entered will be saved at the end of the training session, allowing users to practice in a simulated environment that will not affect live data.

Login access will be sent out a few days prior to the training so that users can familiarize themselves with the training environment in advance.

All announcements for upcoming trainings are listed on the PG Net website and announced through the PGS Monthly Snapshot.

For questions about training, contact Compass.Support@dhsosha.state.or.us.

User Roles

PG Net has several different user roles for varying levels of access to the system and not all users will have the same functionality. Some of the screenshots or pages in this reference guide will not apply or be visible to some of the user's roles, depending on the level of access.

Browsers

Users with this role will be limited to view-only access of entity, facility, person, and client information. They will be able to view client data but will not be able to edit client data. They will not have edit rights to any of the webforms. This role is primarily intended for those that need to verify client data.

Facility Contributors

Users with the Contributor role are tied to a home facility and can view, add, and edit client data for the clients associated with their facility. Users in this role will be able to edit person and client records when admitting them but will not be able to edit client information of clients admitted to other facilities.

Data Managers

The Data Manager role is typically reserved for OHA users who will need to view and edit client records. This includes making data corrections, record merging and unmerging, deleting records, and compiling reports.

System Administrators

The System Administrator role is reserved for the OHA user who oversees maintenance of the system. They assign user roles and facilities for all users and are responsible for the oversight of automatic report distribution and data management.

Home Page Introduction

The first page a user will see is the home page, which includes a link to their home facility, client information, reporting, and the help resources.

The screenshot shows the PG Net Home Page. At the top left is the Oregon Health Authority logo and 'PG Net Health Systems'. Below this is a navigation menu with items: Home, Facility Information, Person Information, Batch Information, Survey Information, User Management, and Log Out. The main content area is titled 'PG NET' and contains a welcome message, a list of data collection areas, and a list of system functions. A callout box on the left side of the navigation menu says 'Use the left-hand side panel to navigate through the different screens in the system.' Another callout box at the top right says 'Users will have their own home facility automatically set at login.' A third callout box at the bottom left of the navigation menu says 'Search for client or concerned other records or add a new record for a new person.' At the bottom of the main content area, there is a box titled 'Pending Treatment Extension Requests:' with the text 'No Extension Requests to Display'.

Home Facility

Each user will belong to their home facility at the initial login as user login credentials are tied to the user's home facility. From the home facility page, the user will have access to all active clients currently involved in treatment.

Active Client List

The active client list provides an accurate depiction of the current clients or concerned others receiving treatment in the facility. To maintain data, regularly review the active client list to verify the information.

Once a client has been discharged from the facility, they will no longer appear in the Active Client List.

Select the "Add Client" button to pull up the search form if your client does not appear.

Active Gambling Clients: [Show All Clients](#)

Barrett, Brittany	Client Nbr:	Email:
Antoinette	Test3780BAB97	brittanybarrett33@domain.com
1077 Canyon Street	Admission Date: 2/23/2021	Discharge Date: N/A
Fossil, OR 97830	Encounters: 0	Phone: (503) 538-5143
Bowers, April	Client Nbr:	Email:
Carter	Test6928ACB50	aprilbowers59@domain.com
7750 2nd Court	Admission Date: 4/7/2021	Discharge Date: N/A
Gladstone, OR 97267	Encounters: 0	Phone: (458) 926-3932
Chapman, Carlton	Client Nbr:	Email:
Carlton	Test6954CEC83	carltonchapman60@domain.com
9461 Cedar Road	Admission Date: 3/25/2021	Discharge Date: N/A
Florence, OR	Encounters: 0	Phone: (541) 783-8075

Active Client Report
Add Client

Provider List

The provider list depicts the current providers associated with the facility. For services to qualify for reimbursement, all providers giving care or offering treatment must be listed in the Provider List.

Use the "Remove" button for any providers no longer associated with the facility.

Select the "Find/Add Provider" button to add new providers to the facility. All new providers must be associated with the facility to be reimbursed for services.

The Active Provider Report pulls the current providers into a comprehensive list as a management tool.

Facility search tags are used to identify the facility in different ways in the system.

To the right of First Name, Last Name and Identifier are drop-down fields to further specify the search parameters. Use these fields to narrow down search results. The options for performing queries are:

- Includes
- Begins With
- Ends With
- Exact Match

Client/Person Search

Last Name Includes ▾

First Name Includes ▾

Identifier Includes ▾

Birth Date

Client/Person Search Results:

The Identifier field can be used to search for system record and person numbers associated with an individual.

Always perform a search and check the spelling or try partial match searching before adding a new client.

Use the modifiers to look up clients based on limited information: Exact Match, Includes, Begins With, and Ends With.

Search using more than one field for optimal results.

Existing Client Records

If a client name appears in the search results fields, click on the name of the client to open the client record. Proceed to the Existing Person Record section of this guide.

Client/Person Search Results **1 Person Found**

Blackburn, Rafael Cyrus	Email Address:
5057 Summit Lane	rafaelblackburn22@domain.com
Turner, OR 97392	Phone Number: (541) 425-4045
	Birth Date: 9/22/1991

If the search does not yield any results, check the information to verify no errors were made when entering the query. To clear the results and search for a new client or enter in new information int

the search fields, select the Clear button. The Home button will return the user to the main homepage for PG Net.

Hints for better search results

- The Clear button will reset the search form.
- Always search for a client by using the first letter(s) of their first or last name or their identification numbers. The search form does not allow searching for parts of names other than beginning letter or numbers and does not allow wildcards (*).
- Below the main menu on the left user's will be able to see previous records that have recently been selected.
- It is possible to still run a search with only a partial patient number in the Identifier section.
- Birthdate must be filled out with the full month, day, and year in the format of (mm/dd/yyyy) to be able to run a search query that way.
- For a list of all clients in a specific facility, select the desired facility from the dropdown list and click Search.
- Clients who have changed their names should still appear in the search results. Check the information of the search results to be certain the client is not already in the system under a different name.

Aliases and multiple records

Because names and other personal information may change, it is possible that client records might already exist under a different alias. Below are some steps to take to verify the information for patients with multiple aliases.

Check the identifiers of the patient records. This may include alternative or partial spellings for some names (e.g., Ann instead of Ann Marie).

- Check the birthdate.
- Verify the last name at birth.
- To check a client record, click on the name in the search results.

Alias's information will appear on the right side of the screen under Supplementary Data in the Alias Names box. The alias box will include all available information for that person. In the example below, searching for the last name of "Smith" will bring up an existing record for "Rafael Blackburn" because it is listed on the client's record as a Historic Last Name.

Select the name "Smith" to check and see if the client is that same person as "Blackburn." The Alias Names box will open in the client record and display the current information for that client, including all alias information.

The screenshot shows a window titled "Alias Names:" containing a list of four alias records. Each record is displayed in a white box with a light gray border. The records are:

- Rafael (First Name) with a "Remove" button.
- Smith (Historic Last Name) with a "Remove" button.
- Blackburn (Last Name) with a "Remove" button.
- Eddie (Middle Name) with a "Remove" button.

At the bottom of the window is a red button labeled "Add Alias Record".

Under the Supplementary Data section one of the Alias Names that appears is the name “Smith.” This indicates that the client’s name may have changed, but the two names belong to the same person.

When entering in new client information, complete as many of the optional fields as possible. This will help create and maintain accurate client records and create more alias information to make searching for client records easier.

It is important to always check the existing records and perform multiple searches for clients or concerned others using various criteria as they may already exist in the system under a previous name or alias.

To delete an incorrect or incomplete alias record, click on the “Remove” text beside the trash can icon.

To add another name, select the “Add Alias Record” button. This will bring up the Add Alias Identifier box. Enter the name and select the Alias Type to indicate if the new name is a first name, last name, middle name, historic first name, historic last name, or historic middle name. Then click the “Create” button to have the alias added to the person’s record.

Add Alias Identifier
Blackburn, Rafael Cyrus

Alias Identifier Name

Edward

Type

Middle Name

Create

Close

For example, if in a previous record for Rafael Blackburn the middle name was written as “Eddie” but should have been entered as “Edward” and needs to be changed, it can be corrected. In this instance, the user would delete the incorrect “Eddie” entry and add a new middle name.

This is a helpful way of keeping past records together so that as identifiers change, the client’s records are all still in one place.

Adding a New Client

Creating a new client record

Prior to creating a new client record, use the search features with the known information about the client to be sure the client is not already in the system. Check under different aliases or alternative spellings to gather the most accurate search results.

After performing the initial search for the client without a positive match, scroll to the bottom of the search results box and select “Add New Client.”

The “Add New Client” button will not appear without first searching for the client within the search form.

Clicking on “Add New Client” will bring up the Person Entry Form.

Client Admission

This section should be completed for any client or concerned other who received services from the facility or provider under the facility. Complete the following sections as indicated in the guide to begin the client admission process. At this stage the client will have a record associated with your facility, indicating that at some point in time this facility had an encounter with the client or concerned other.

When completing this form, it is best to fill in as many fields as possible in addition to the required fields marked by a red asterisk.

For errors with the Person Type field, please contact Compass.Support@dhsosha.state.or.us. In the body of the email, please include the correct client type. In changes where the Person Type needs changed to a client from a concerned other, please provide Compass Support with the answers for the following fields:

- Do they have related problems with Job/School (Yes or No)
- Do they have related problems with relationships (yes or no)
- Do they have related problems with Legal (Yes or No)

Provider Identification

Clinic/Provider Identification: Facility or Clinic name where services are provided by the system for facility contributors upon login. Some of these identifiers are system generated.

Client Case Identification Code: This is the same local, discrete case identification that providers have been utilizing. Each client enrolling in the program must be assigned a discrete, confidential 10-character (maximum) alpha-numeric client case identification code by the providing agency. This identification code will be utilized to track the individual throughout their treatment care with that agency. Readmissions must utilize the same client case identification (ID) for the client if they return for multiple treatment episodes. This case identification must match all encounter and admission data.

*If unable to find provider by name, search for provider using the providers NPI.

Client Identification

- Check to verify that the spelling for the client's name is correct. This is critical for database integrity.
- Enter client's full given (or legally changed) name, not a nickname.
- Alias Names: In the person record, there is an Alias section that lists any previous names or identifiers associated with that individual. This section is used to help organize records and track historical changes.
- All symbols associated with names can be used in these fields (e.g., O'Conner, May-Lee).

Person ID: This is a system generated unique identifier for the individual.

Person ID

OR-PRSN-S180

*

Last Name: Enter the client or concerned other's current Last Name (i.e., Smith, O'Conner, Shellburg-Wallson). The legal name should be entered, not a nickname, shortened name, or preferred name.

Last Name

Bowers

*

First Name: Enter the client or concerned other's current First Name. (i.e., John, Ty-Lee, Mary Anne, T'Challa). The legal name should be entered, not a nickname, shortened name, or preferred name.

First Name

April

*

Middle Name: Enter the client or concerned other's current Middle Name. The full name is preferred instead of an initial for vital statistic record comparisons. The legal name should be entered, not a nickname, shortened name, or preferred name.

Middle Name

Carter

Suffix: Enter a suffix for the individual if they have one (i.e., Jr., Sr., IV, etc.).

Suffix

Jr.

Mother's Maiden Name: Enter the client's mother's maiden name. If the mother's maiden name is not known, leave the field blank.

Mother

Maiden Name

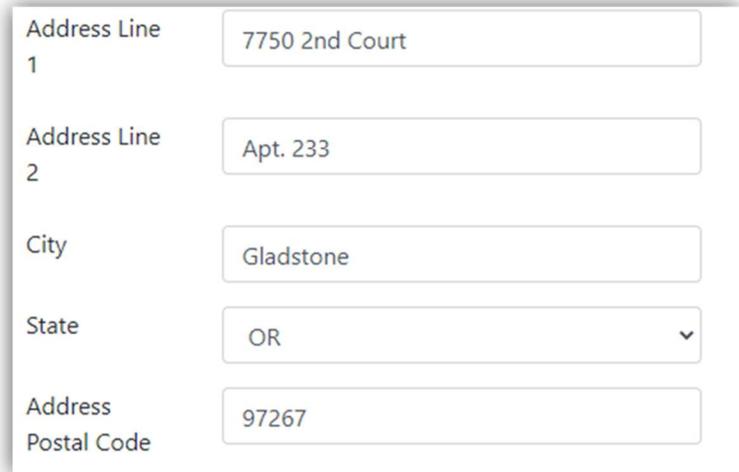
Hardin

Address Line 1 and 2: Enter the client's current address, using U.S mailing address formatting.

City: Enter the name of the city where the client resides.

State: Enter the state where the client resides. Oregon is listed at the top of the list for convenience.

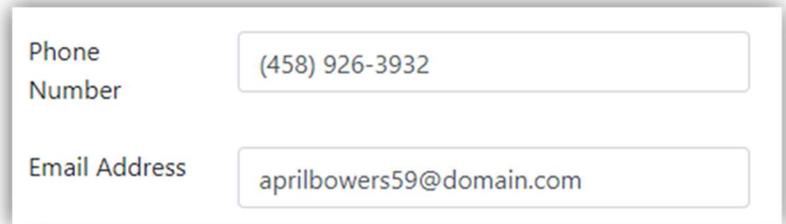
Address Postal Code: Enter the postal code or ZIP code for the client's address.



Address Line 1: 7750 2nd Court
Address Line 2: Apt. 233
City: Gladstone
State: OR
Address Postal Code: 97267

Phone Number: Enter the client's phone number using the (###) ###-####.

Email Address: Enter the client's email address. The email address must be current and valid. The client must verify with the provider that this is the email address they wish to have on file as it will be the primary source of contact for the client regarding their gambling treatment and qualifying surveys.

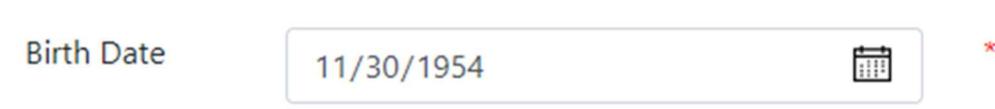


Phone Number: (458) 926-3932
Email Address: aprilbowers59@domain.com

Although this field is not a required field, collecting an email address allows client to consent and to receive surveys that are crucial for data collection purposes and for system improvements.

Date of Birth: Enter the date of birth for the client following the MM/DD/YYYY formatting.

Please verify this entry is correct, as birthday will be requested and verified for consent forms and survey's to be completed.



Birth Date: 11/30/1954

Death Date: This field is used for vital statistics record comparisons to close out person records for individuals who are deceased and will be left blank when performing client entry in most cases. If needed, enter the date of death for the client following the MM/DD/YYYY formatting.



Death Date: mm/dd/yyyy

Gender: Select from the drop-down menu: Male; Female; Other; Transgender Male, Transgender Female, Genderqueer/Gender Nonconforming; Decline to Answer.

Sexual Orientation:

Select from the drop-down menu: Straight or Heterosexual; Lesbian or Gay; Bisexual; Queer, Questioning, or Pansexual; Asexual; Other; Don't Know; Decline to Answer.

Gender	Female	▼	*
Sexual Orientation	Lesbian or Gay	▼	
Pronouns	She/Her	▼	

Pronouns: Select from the drop-down menu: She/Her;

He/His: They/Them; Other; No Pronoun, Just Use My Name.

Veteran: Responses should align with the Military Status Field. Select from the drop-down menu: No (Not a Veteran); Yes (Veteran); Unknown.

Military Service Status:

Responses should align with the Veteran Status field. Select from the drop-down menu: No Military Experience; Current Active Duty, Been in Combat Zone; Currently Active Duty, No Combat Zone; Prior Military Service, Been in Combat Zone; Prior Military Service, No Combat Zone; Retired from Military Service, Been in Combat Zone; Retired from Military Service, No Combat Zone; Unknown/Declined to Answer.

Veteran	No (Not a Veteran)	▼
Military Service Status	No Military Experience	▼

Highest Grade Complete: Enter a number into the field or click into the space and use the up and down arrows to indicate grade level. Grade levels correspond numerically (e.g., a high school graduate or GED would be entered as 12). Enter the highest number of years education completed.

Highest Grade Completed	12
-------------------------	----

Last Updated: This is a non-fillable field that is system generated with information regarding the last time the client's information was updated.

Last Updated	5/21/2021 7:27:37 AM	*
--------------	----------------------	---

REALD (Race, Ethnicity, Language, and Disability)

In 2020, the Oregon legislature passed a law that requires health care providers to collect REALD (Race, Ethnicity, Language, and Disability) information at health care visits related to COVID-19 and share this information with OHA. This requirement helps the government understand more about the disparities in health care and the different groups impacted, and what may be done to address these disparities when addressing issues related to behavioral health treatment. For further questions about REALD reporting requirements for providers, visit: <https://www.oregon.gov/oha/OEI/Pages/REALD->

[Providers.aspx](#) or reach out to us by contacting CompassSupport@dhsosha.state.or.us. PDF copies of the forms are available in multiple languages and formats for accessibility purposes.

Some fields within the REALD record address alternative formats for completing health information. Alternative materials in multiple languages and formats for collecting REALD information are available on the website link: <https://www.oregon.gov/oha/OEI/Pages/REALD-Providers.aspx>.



For all new person records created in the system, the REALD demographic collection form will appear. This form is optional for the client to complete, but providers are required to request the information. If the client declines to participate, skip ahead to the next section.

Race and Ethnicity Summary

Clients should complete the information with as much detail as possible. Although clients may decline to participate, providers are still expected to report on all responses, even those of non-participation. It is possible for clients to enter more than one identifier for their race or ethnicity. All entries should reflect the individual and how they identify themselves. Response options are available for those who wish not to participate. Providers may not provide entries based on assumptions of the client.

In this section, clients can choose to provide a preference for their race and ethnicity identifiers. Multiple selection options and blank fill options are available. Use the check box and the arrows within the box at the bottom of the section to re-order or set a primary race or ethnicity to reflect how the client identifies.

If you have more than one primary racial or ethnic identity please check here:

Order	Race/Ethnicity
1	Western European
2	Korean



Language Summary

The Language summary section offers a wide range of options to choose from. Providers should be sure to note any requests for accommodation from these fields, as some clients may require alternative materials or translation services.

Language

5. In what language do you want us to:

Speak with you

Norwegian

Write to you

Norwegian

6. How well do you speak English?

Not Well

7a. Do you need an interpreter for us to communicate with you?

Yes No Don't Know Don't Want to Answer

7b. If yes, what kind of interpreter do you need:

Spoken Language Interpreter

If a spoken language interpreter is needed, for what language?

Norwegian

Disability and Supplementary Information Summary

This section pertains to health and service differences among people with and without functional difficulties. Not all questions may pertain to all individuals. As with the other sections, this part is optional, but collecting the information is valuable for assessing varying needs and disparities in healthcare.

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

8. Are you deaf or do you have serious difficulty hearing?

Yes No Don't Know Don't Want to Answer

9. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes No Don't Know Don't Want to Answer

10. Does a physical, mental or emotional condition limit your activities in any way?

Yes No Don't Know Don't Want to Answer

11. Do you have serious difficulty walking or climbing stairs?

Yes No Don't Know Don't Want to Answer

12. Do you have difficulty dressing or bathing?

Yes No Don't Know Don't Want to Answer

13. Because of a physical, mental or emotional condition, do you have serious difficulty:

a. Concentrating, remembering or making decisions?

Yes No Don't Know Don't Want to Answer

b. Doing errands alone such as visiting a doctor's office or shopping?

Yes No Don't Know Don't Want to Answer

Save

Several of the questions may reveal the need for alternative materials or translation services. Clients may require additional support to assist with their treatment plans.

Once all the information has been entered, select “Save” at the bottom to allow for any changes to be added or confirmed to the record of REALD information. Once the information has been saved, use the “Back to Person Summary” button to return to the previous screen.

For more information about REALD or to find resources to help aid in health care discussions, visit: <https://www.oregon.gov/oha/OEI/Pages/REALD.aspx>.



Important Note: The processes for new and existing clients will be the same at this point. The next section in this guide refers to the similar process for adding a new client who is already in the system. To learn more about managing a client's record, skip ahead to the corresponding section.

Existing Person Records

If the client or concerned other has ever had a gambling treatment episode they will likely already be entered into the PG Net system.

The screenshot shows a web interface for searching person records. The top section is titled "Client/Person Search Form" and contains four input fields: "Last Name" (with "Blackburn" entered), "First Name", "Identifier", and "Birth Date" (with a date picker icon). Each field has an "Includes" dropdown menu. Below the fields are "Search" and "Clear" buttons. A mouse cursor is pointing at the "Search" button. The bottom section is titled "Client/Person Search Results" and shows "1 Person Found". The results are displayed in a table-like format with two columns. The first column contains the name "Blackburn, Rafael Cyrus" (with a blue link), address "5057 Summit Lane", and city "Turner, OR 97392". The second column contains "Email Address: rafaelblackburn22@domain.com", "Phone Number: (541) 425-4045", and "Birth Date: 9/22/1991". Below the results is a red "Add Client" button.

Client/Person Search Results		1 Person Found
Blackburn, Rafael Cyrus	Email Address: rafaelblackburn22@domain.com	
5057 Summit Lane	Phone Number: (541) 425-4045	
Turner, OR 97392	Birth Date: 9/22/1991	

[Add Client](#)

To check for existing person records, use the search function listed under "Person Information" on the side panel.

If you find a record for your client already in the system, you do not need to create a new client record. Click on the name of the client to open the record.

Blackburn, Rafael Cyrus
 5057 Summit Lane
 Turner, OR 97392

Person ID: OR-PRSN-S106 [View Person Details](#)
 Birth Date: 9/22/1991 [Edit REALD Details](#)
 Age: 29 [Make Your Client](#)
 Gender: Male
 Phone Number: (541) 425-4045
 Email Address: rafaellblackburn22@domain.com

Alias Names:

Rafael	First Name	Remove
Smith	Historic Last Name	Remove
Blackburn	Last Name	Remove

[Add Alias Record](#)

Treatment Episodes:

Test8054RCB45	Gotham City Hospital
Admission Date: 3/24/2021	Treatment Status: Active
Discharge Date: N/A	County: Marion

Updating an Existing Record

In the example above the client's information will appear. From here select the "Make Your Client" button to add the person as a client or concerned other in your facility. Once the client is in your facility you can create a new treatment episode and update person details (View Person Details) or update race, ethnicity, language, and disability information (Edit REALD Details).

Create a Client Record

A client record is the record that is associated with the facility. Prior to its creation, the person record does not have a connection with the facility until this action is completed. The client record acts as a base for standard information collected to establish a solid foundation to create the treatment plan.

Complete the following fields for the client:

County of Residence: Provide the information for the client or concerned other's county where they reside in Oregon. Select from the alphabetical drop-down menu.

County of Residence

Oregon Medicaid ID: Enter the client's Medicaid ID if known. Not all clients will be on Medicaid, but it is an important system identifier for those receiving Medicaid services. Be sure to check the formatting and spelling of the identification number after entering it.

Oregon Medicaid ID

Marital Status: Enter the marital status using the drop-down menu of the client, if known. The options are: Never Married, Married, Separated, Divorced, Widowed, and Unknown.

Marital Status

Employment Type: Select the option that is the best representation for the client's main employment type.

Employment Type

- Full Time (35 or more hours/week)
- Part Time (17-34 hours/week)
- Irregular (Less than 17 hours/week)
- Unemployed
- Not in Labor Force
- Retired
- Disabled

Monthly Income: Provide the closest whole number estimate for the client's household monthly income in dollars.

Monthly Income

Income Source: Indicate the **primary** source of income for the client by using the drop-down menu.

Income Source

- Wages/Salary
- Public Assistance
- Retirement/Pension
- Disability
- Other
- None
- Unknown

Health Insurance: Select the **primary** source of health insurance.

Health Insurance

- Private Insurance
- Medicare
- Medicaid/OHP
- Veterans Administration
- Other
- None
- Unknown

Dependents: Enter the number of dependents, **including self (client)** in the age ranges below. If none exist, enter “0” as the value.

Dependents Age 0 To 5

Dependents Age 6 To 17

Dependents Age 18 To 64

Dependents Age 65 Or Over

Once the fields have been completed, click “Create” to move to the next set of screens.

Adding a Treatment Episode

Treatment Episodes:

Test8054RCB45	Gotham City Hospital
Admission Date: 3/24/2021	Treatment Status: Discharged
Discharge Date: 4/2/2021	County: Marion

[Add New Episode](#)

A treatment or admission episode refers to an encounter when care was provided by a provider as a part of problem gambling client care or treatment.

If the client is a returning client who has interacted with your facility before, they will already have a record in the system. If your client has an existing record with your facility, select the “Add Treatment Episode” button to begin entering the demographic data for the client.

This will bring up the Admission/Treatment form. Complete the form with the client’s information.

If the client is a new client, the Admission/Treatment form will appear automatically in the screen series. There is no need to go back into the previous sections.

Person Type: This field refers to the type of client who will be receiving treatment. The options are Client or Concerned Other. A “Client” refers to an individual engaging in problem gambling behavior. A “Concerned Other” refers to a person with a relationship that is impacted by another individual’s problem gambling behavior. It is possible that an individual may be both a concerned other and a client, depending on the situation. However, for the purposes of completing this form, refer to the specific type of treatment plan the individual will receive at that point in time.

Client Number: The number associated with the client or concerned other’s file.

This is the same as Client Case Identification Code in former system, GPMS. This is the same local, discrete case identification that providers have been utilizing. Each client enrolling in the program must be assigned a discrete number. This number will be utilized to track the individual through their care with that agency. Readmissions should utilize the same client number. The client number must match all encounter data.

First Contact Date: Use the calendar feature by selecting the icon or type in the date of first contact in the MM/DD/YYYY format. This is the date that the client first contacted the program regarding admission.

First Available Date: Use the calendar feature by selecting the icon or type in the date of first date the individual is available in the MM/DD/YYYY format. This is the date provided as the first

Admission/Treatment

Gotham City Hospital Blackburn, Rafael Cyrus
1736 Bruce Drive 5057 Summit Lane
SALEM, OR 97301 Turner, OR 97392

Person Type*	<input type="text"/>	Housing*	<input type="text"/>
Client Number*	<input type="text" value="Client Number"/>	Access*	<input type="text"/>
First Contact Date*	<input type="text" value="mm/dd/yyyy"/> <input type="calendar"/>	Treatment Type*	<input type="text"/>
First Available Date*	<input type="text" value="mm/dd/yyyy"/> <input type="calendar"/>	Referred From*	<input type="text"/>
Admission Date*	<input type="text" value="mm/dd/yyyy"/> <input type="calendar"/>		

available date and time provided to the client by the program, even if the client is not available for this appointment.

Admission Date: Use the calendar feature by selecting the icon or type in the date of the encounter or admission in the MM/DD/YYYY format. This is the date that the client was first provided services.

Housing: Enter the client's housing information. The options in the drop-down menu are: Own, Rent – No Subsidies, Rent – With Subsidies, Institution or Group Home, Homeless/Shelter, Other – Not Paying Rent (Staying with Others), Recovery Housing, or Incarcerated.

Access: This field refers to the method by which the person accesses services for problem gambling treatment services. Select the option from the drop-down menu. The list will be updated periodically. Results entered into this field provide important information about how individuals find resources to help with problem gambling, such as phone number for the treatment agency

Treatment Type: Select the type of treatment from the drop-down menu. This list is updated over time. Select the option that applies to the client. Previously known as "Reason for Enrollment". This field distinguish between full treatment and those seen simply for an assessment or for relapse prevention.

Referred From: Select the option from the drop-down that explains where the client was referred from. If the individual was not referred from another resource, select "Self" for such cases. If the option that applies to the client does not appear on the list, please select "Other" as the response. This field indicates if a person, ion, or agency took deliberate action for the client from treatment providers. If no deliberate action was provided to get client to contact the treatment provider, then the value of self-referral maybe utilized.

Related Problem Areas

This section relates to any other areas of the client's life where they are experiencing negative impacts that may be related to their problem gambling.

Complete all the following fields as it pertains to the client or concerned other's current treatment episode.

Related Problem Areas

Job/School *

Relationships *

Legal *

Bankruptcy *

Suicide Threat *

Job/School: During the past six months, has the client lost a job, been expelled from school, or received formal disciplinary action at work or school in relation to gambling? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Relationship: During the past six months, has the client become divorced, separated, or lost a significant relationship with another family member or close friend due to gambling? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Legal: Does the client currently have pending charges, was incarcerated within the past six months, or on probation for gambling related activities? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Bankruptcy: During the past six months, has the client filed or are they planning to file bankruptcy due to gambling losses? Select the response from the drop-down menu. The responses are: Yes, No, Unknown, Decline (to respond).

Suicide Threat: During the past six months, as the client had any of the following suicidal behaviors/ideations? Select the response from the drop-down menu. The responses are Thoughts, Plan, Action/Behavior, Threat, or None of the Above.

Prior Treatment

This section refers to the aspects of a client's prior treatment history to provide context for ongoing behavioral health development that may impact their treatment plan for problem gambling.

The screenshot shows a form titled "Prior Treatment" with the following fields:

Gambling	<input type="text" value="Times"/>	Gambling Debt	<input type="text" value="Dollars"/>
Substance Use	<input type="text" value="Times"/>	Age at Onset	<input type="text" value="Age"/>
Mental Health	<input type="text" value="Times"/>	Is Mandated?	<input type="checkbox"/>

At the bottom of the form are three buttons: "Back to Person Summary" (grey), "Cancel" (red), and "Save" (green).

Gambling: Enter the number of times the client has received treatment for gambling in their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Substance Use: Enter the number of times the client has received treatment for substance use and abuse during their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Mental Health: Enter the number of times the client has sought treatment for additional mental or behavioral health treatment services in their lifetime. Use the arrows to provide a number or type into the field using whole numbers. Number of times is the total distinct treatment episodes including outpatient and inpatient, excluding this current episode and does not include self-help as treatment.

Gambling Debt: Enter the dollar to the nearest whole number for the client's total estimated current unpaid gambling debt. If no debt, fill with zeros. Debt includes money owed on credit cards; Pay Day Loans; personal loans from friends, family, or bookies; bank loans used to cover gambling expenditures, etc. **It does not include money "borrowed" from savings or retirement accounts of self or family member. This is not a debt.**

Age at Onset: Enter the age at which the client first started having repeated problems associated with gambling. Use the arrows to provide a number or type into the field using whole numbers.

Is Mandated? Is this treatment mandated by a court ruling or other remediation effort? This should include any referrals where the program is required to provide periodic reports and where the client is under the threat of legal repercussions for failure to attend. Examples include court order, probation/parole order, employer mandate, etc. Select the slider so that the color is switched to blue or active. This field, along with most fields can be updated during the treatment episode as new knowledge is gained from the client.

Once all fields have been completed, click the “Save” button at the bottom of the screen. This will move to the next screen: Client Admission.

Client Admission

Once the client has been admitted for treatment the Client Admission screen will appear with a message informing the user that the Admission/Treatment Episode Record has been saved successfully.

Current Gambling Activity, Diagnostic Impressions, & DSM-IV Criteria

The information entered on this page directly reflects the client’s gambling activities and diagnostic impression of their problem gambling behaviors.

The screenshot displays a form with two main sections: "Current Gambling Activity" and "DSM-IV Criteria".

Current Gambling Activity: This section contains four rows of input fields. Each row has a label on the left and two dropdown menus on the right. The first row is labeled "Primary" and has a red asterisk below the "Activity" dropdown. The second row is labeled "Secondary" and has a red asterisk below the "Venue" dropdown. The third and fourth rows are both labeled "Informational".

DSM-IV Criteria: This section contains a list of ten criteria, each with an unchecked checkbox:

- Preoccupation
- Tolerance
- Stop/Control
- Restlessness/Irritability
- Escape
- Chasing
- Lying
- Committed Illegal Acts for Money
- Risked Losing Relationships
- Bailouts

Gambling Activity: These fields are to be utilized to record the client’s gambling activities and corresponding venues.

Venue: Location or environment where the client engages in the primary gambling activity.

Enter the primary and secondary gambling activities, if known. There must be at least one gambling related activity and venue selected from the drop-down menu options to progress through the screens. The informational activities and venues sections are available to provide

further elaboration to help build a comprehensive treatment plan and is used in statewide statistics research to help provide an overview of the current trends in problem gambling behaviors.

The DSM-IV Criteria are listed, and each box may be checked or unchecked, depending on whether the criteria pertain to the client. These fields are not required but are highly informative for assessing the degree of problematic gambling behavior that has led to a clinically significant impairment or distress.

DSM-IV Criteria: *(In order to be consistent with over 20 years of data this section has purposefully not been updated to reflect the current version of the DSM.)* Check each corresponding box for the criterion that was endorsed by the client (in order of presentation in the DSM-IV-TR, p. 671 - preoccupation, increasing tolerance, continuation with attempts to stop or control, restlessness or irritability, gambling to escape a dysphoric mood, chasing losses, lying to others about the extent of their gambling, antisocial behavior to get money, jeopardized or lost relationships, bailout behavior) **during the past 12 months.**

Diagnostic Impressions

Primary Diagnosis

Secondary Diagnosis

Informational Diagnosis

Informational Diagnosis

Back to Admission/Treatment Cancel Done

Enter the Diagnostic Impressions for the client. A primary diagnostic impression is required to progress through the screens and is essential for creating a coordinated treatment plan. Enter a secondary or other informational diagnostic impression using the drop-down menus to provide information on the client's potential for co-occurring disorders and additional services that may need to be addressed. For a client to be eligible for FREE publicly funded gambling treatment services, there must be a primary or secondary diagnosis of gambling disorder, relational disorder, or impulse control disorder (gaming disorder), unless the client is an assessment only client.

Use the "Back to Admission/Treatment" button to make any corrections to the previous records. Select the "Done" button to save all information and move to the next screen.

Client Record

Once you have created the admission and client records, and saved, the client's summary will appear and list several options for adding in additional information to catalogue other elements of their treatment episode.

Blackburn, Rafael
5057 Summit Lane
Turner, OR 97392

Client Number: 78766
Person Type: Client
Birth Date: 9/22/1991
Age: 29
Gender: Male
Phone Number: (541) 425-4045
Email Address: rafaelblackburn22@domain.com
Pronouns: He/Him
Forecast Discharge Date: 6/16/2022

[View Person Summary](#)
[View Facility Summary](#)
[View Client Details](#)
[Send Consent Form](#)

Related Contacts:
No Contacts to Display
[Add New Client Contact](#)

Treatment Extension Requests:
No Extension Requests to Display
[Add New Request](#)

Encounter Sessions:
No Encounters to Display
[Add New Encounter](#)

Admission:
Admission Date: 6/16/2021
Referred From: Support Services for Adults
Access: Oregon Minimal Intervention Program (GEAR)
Treatment Type: Regular Treatment Program
[View Admission](#)

Discharge:
Discharge Date: N/A
Discharge Type: N/A
[Discharge Client](#)

The first part of the client's summary will list their demographic information. It is always a good idea to verify that the information is correct for the client before moving forward. Always review the client's information prior to discharge.

If at any point you need to correct personal demographic information for the client, select the "View Person Summary" button to make any changes. For instance, if we needed to update or correct the client's middle name, begin the process by selecting the "View Person Summary" button to bring up their Person Record. From this screen users can edit demographic, REALD, alias, and treatment episode information. Then select "View Person Details" to make a correction to the person's record.



Select "Edit" to make a change. Enter the change or addition into the field. Review work and then select "Save" to complete the action.

Survey Consent Form

As part of the ongoing efforts to track client progress before and after treatments for problem gambling, providers will be asked to send a consent form to their clients to be completed at the beginning phase of the treatment. The consent form provides context for the different surveys conducted on behalf of OHA as part of problem gambling treatment assessment. Providers must collect a valid email from the client during the admission process. It is important that providers make it clear to the client that this email will be used to send the consent form for them to consent to receive surveys related to their problem gambling history, treatment, recovery, and satisfaction of care. The provider should receive verbal consent to confirm that the client has provided the email address where they would like to receive communications, surveys, and consent forms. It is also important that providers explain why this data is being collected and what it is used for.

The data collected from these surveys:

1. Provides demographics of clients utilizing services throughout the State.
2. Determines effectiveness of the services being provided.
3. Identifies treatments offered by client demographics related to treatment success.
4. Tracks how treatment cost/utilization factors apply to treatment success.
5. Tracks providers' compliance to contractually required performance standards and metrics.

Clients and concerned others will receive different versions of the surveys. All surveys are optional, although highly recommended, clients may choose not to participate. The consent form is linked to the client's record within PG Net. Based on the surveys selected, the form will link the client to the survey(s) they would like to receive. All data collected from surveys is confidential.

1. The **admission survey** is given at admission into treatment in order to provide a recent account of the effects problem gambling has had on the participant's life over the past months. Participating in the admission survey is part of the initial treatment admission process. The admission survey will include questions about housing, employment, physical and mental health, social relationships, gambling, determinants of health, and satisfaction with quality of life. Participants will receive up to three notifications to complete the admission survey if you have not submitted. Participants will be provided the opportunity to complete the admission survey up to 14 days from the start of the treatment episode.
2. The **follow-up evaluation survey** is sent after the participant has left treatment and is used to assess treatment effectiveness. This information is crucial for improving treatment efficacy in Oregon problem gambling treatment programs. Follow-up evaluation surveys will be sent 6 and 12 months after leaving treatment, whether the participant completes treatment successfully or ends treatment before it is complete. **To participate in the follow-up evaluation survey, the admission survey must also be completed as well.** This survey includes similar questions to the admission survey, however, is shorter in length. Participants will receive up to three notification reminders to complete the follow-up evaluation survey if they have not submitted and have 14 days to submit from the time the original email sent.
3. **Semi-annual satisfaction surveys** are sent mid-January and mid-July. Surveys are sent to those active in treatment and to those who have been out of treatment 3 months prior to the two survey date periods. This survey will include questions about treatment and the effectiveness of services provided. Participants will receive up to two notification reminders to complete this survey and will have 14 days to submit from the date of original survey email.

All the information above is also listed within the PROBLEM GAMBLING TREATMENT SURVEY PARTICIPATION AUTHORIZATION AND DISCLAIMER document that is can be found on the PG Net web page at www.Oregon.gov/pgnet and can be printed and provided to the client to review.

Due to this change in moving to electronic distribution of surveys and submission, consent is now required for all the surveys administered by PGS. PGS consulted with our legal team and we are not allowed to distribute information electronically unless consent has been given. The success of this new process will be reliant on the clinicians or intake coordinators engagement and messaging related to the need for this information and the how it is used for system evaluation and improvements.

Initiating the Survey Consent Form

Begin the process for gathering survey consent by first collecting a valid and approved email from the client. All forms and surveys will be sent to the email address on file for the individual. Make certain the email is entered correctly, otherwise the client will not receive the consent form or surveys.

Once the email is on file, the “Send Consent Form” will appear on the Treatment Episode Summary screen.

Provider should click on the Red “Send Consent Form” button to begin the process.

- At this point, the survey consent form will be sent to the client’s email onfile.
- The client will then need to click on the link within the email and select the surveys that they wish to participate in.
- The client will have the option to agree or refuse to participate in any of the surveys
- The client will receive the consent form/surveys and notifications to complete the consent form/surveys if they have not done so in the allotted timeframe.

The screenshot shows a client profile for 'Yogurt, Just'. On the left, there is a table of client information. On the right, there are four buttons: 'View Person Summary', 'View Facility Summary', 'View Client Details', and 'Send Consent Form'.

Yogurt, Just	
Client Number:	666
Person Type:	Client
Birth Date:	12/21/1983
Age:	37
Gender:	Male

Buttons:

- View Person Summary
- View Facility Summary
- View Client Details
- Send Consent Form

Once the client has agreed to receive the surveys, the provider will be able to view the consent form and the Red “Send Consent Form” button will be a Green “View Consent Form”. Once the client has completed the admission survey, the provider will have access to view the results, as they will pertain to the client’s treatment plan.

In the following example, a client has selected to participate only in the satisfaction survey.

- The client will not receive surveys they did not agree to receive.
- A button will appear to show the surveys that need to be sent. These buttons will appear in Red.

Yogurt, Just

Client Number:	666	View Person Summary
Person Type:	Client	View Facility Summary
Birth Date:	12/21/1983	View Client Details
Age:	37	View Consent Form
Gender:	Male	Send Admission Survey
Phone Number:		

In the example above, the client has agreed to participate in the admission survey.

The provider can also verify that they agree to receive the admission survey by clicking into the Green “View Consent Form” button.

Click on the Red “Send Admission Survey” button to send the survey to the client to be completed.

Yogurt, Just

Client Number:	666	View Person Summary
Person Type:	Client	View Facility Summary
Birth Date:	12/21/1983	View Client Details
Age:	37	View Consent Form
Gender:	Male	View Admission Survey
Phone Number:		

After the client has completed the survey, a new button will appear that says in Green “View Admission Survey” so that providers can view the results.

Click on the “View Admission Survey” button.

Clicking on this button will bring up the results from the client's submissions.

General Satisfaction : During the past 6 months, how satisfied were you with each of the following?						
Life in general?						
<input checked="" type="radio"/> N/A	<input type="radio"/> Declined	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Neutral	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Overall physical health?						
<input type="radio"/> N/A	<input checked="" type="radio"/> Declined	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Neutral	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Overall emotional wellbeing?						
<input type="radio"/> N/A	<input type="radio"/> Declined	<input checked="" type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Neutral	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Relationship with spouse/significant other?						
<input type="radio"/> N/A	<input type="radio"/> Declined	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input checked="" type="radio"/> Neutral	<input type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Occupational wellbeing?						
<input type="radio"/> N/A	<input type="radio"/> Declined	<input type="radio"/> Very Satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Neutral	<input checked="" type="radio"/> Dissatisfied	<input type="radio"/> Very Dissatisfied
Intellectual wellbeing?						

Review the results to assist with developing with treatment plan for the client.

- Note that the admission survey may bring up results that are flagged for provider intervention if the client responded to questions pertaining to suicide or violence that may require attention.
- The admission survey is a valuable tool for assessing how to help guide a client's treatment. Review responses carefully in case other support services not previously mentioned may be needed.

If a client does not complete the survey consent process or if the process needs to be re-initiated, contact Compass.Support@dhsosha.state.or.us for assistance to resend the survey consent form.

Adding a Client Contact

Once you have created the admission and client records and saved, the client's summary will appear and list several options for adding in additional information to catalogue other elements of their treatment episode.

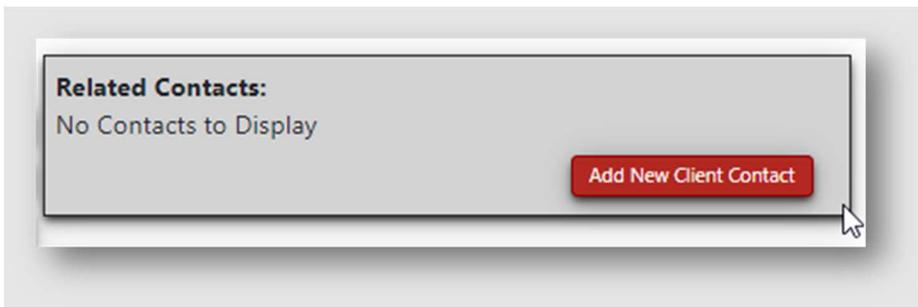
- A client contact may be an individual receiving concurrent care with this client in a co-dependent problem gambling treatment program.
- The information gathered on this screen will help us understand the connections between the client and the concerned others or family/group members that are also participating in treatment.
- Concerned Others are clients entered into the PG Net system as a distinct client and then may be connected to the client with the gambling disorder record if they are also seeking services.
- Family group members are separate and distinct from Clients in the PG Net system. They do not have their own individual person record in the system. However, it is possible for a family group member contact to exist within the system under a separate person record if they have received treatment before or are receiving concurrent treatment with a person they have a connection to. This may be true for spouses receiving treatment at the same time, for example. However, a client contact is not created in the same way a client record is made, nor is there a similar search function.

- Family Group Member Contacts are attached to specific client person records, and therefore a client person record associated with the family group member contact must be entered into PG Net before any Family Group Member Contacts can be added. Use the Client Search to pull up existing persons records. If there is no person file available that matches the information for the person that needs to be admitted, create a new record by following the Create/Add New Client procedure. Once the Person Record has been created and the individual has been added as an active client, a Client Contact can be added to their profile.

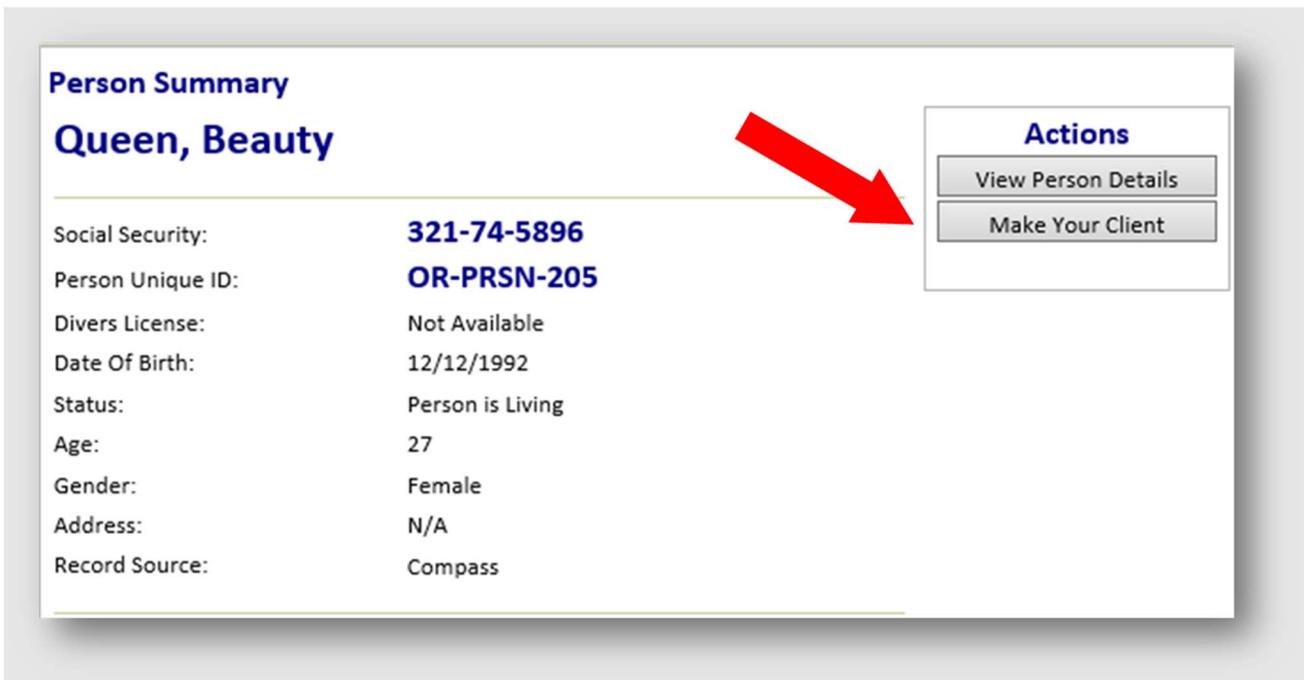
Adding a New Client Contact

After creating a new client, the Add New Client Contact button will appear, after the person record has been saved. Select this button to bring up the client contact entry form.

If the client already has a person record in PG Net, select the person record to bring up the Person Summary page. From there, select the Treatment Record to add a new client contact.



Click on the red “Add New Client Contact” button to bring up the form and add a new client contact.



Complete the fields as appropriate for the given relationship to the client.

Save or select “Save And Add New” to add another contact once all information has been entered.

Add New Client Contact

Blackburn, Rafael Cyrus

Client Number: 78766
5057 Summit Lane
Turner, OR 97392

Gotham City Hospital

Facility ID: OR-FAC-201
1736 Bruce Drive
SALEM, OR 97301

Contact Type *

Relationship to Client

Last Name

First Name

Phone Nbr

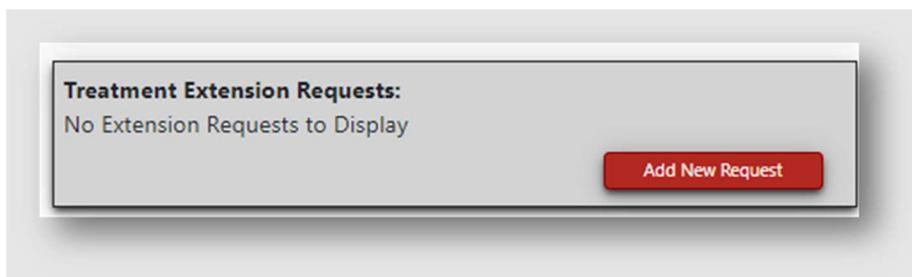
Email Address

Is Contact a Minor?

[Back](#) [Save](#) [Save And Add New](#)

Adding a Treatment Extension Request

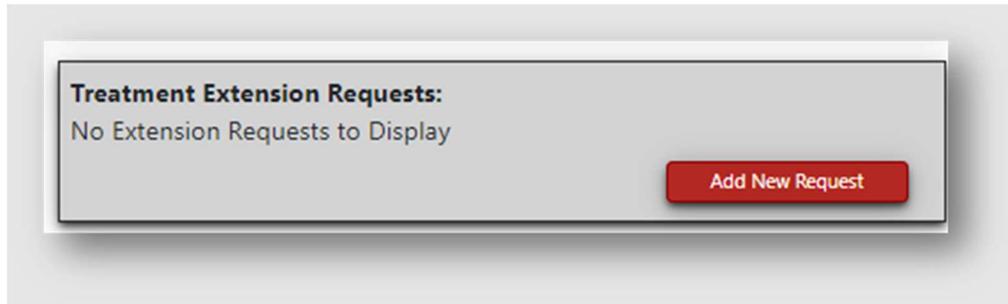
- Treatment extensions are used to request that a client or concerned other's treatment episode be extended over the one-year limit.
- Submit a treatment extension request by clicking on the "Add New Request" button.
- Multiple treatment extension requests can be added, if needed.



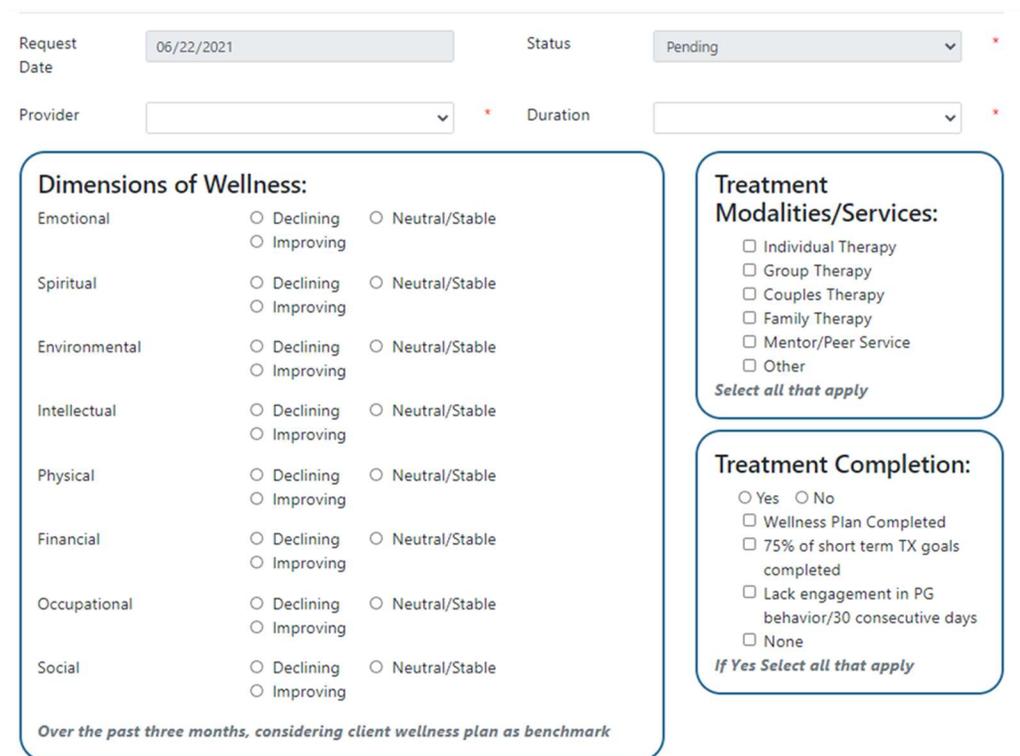
Adding a New Request

After creating a new client, a button will appear after the person record has been saved: Add New Request. Select this button to bring up the client contact entry form.

If the client already has a person record in PG Net, select the person record to bring up the Person Summary page. From there, select the Treatment Record to add a treatment extension request.



Click on the red “Add New Request” button to bring up the form and add a new treatment extension request.

A screenshot of a web form for adding a new request. At the top, there are two dropdown menus: "Request Date" with the value "06/22/2021" and "Status" with the value "Pending". Below these are two more dropdown menus: "Provider" and "Duration". The main body of the form is divided into three sections: 1. "Dimensions of Wellness:" which lists eight categories (Emotional, Spiritual, Environmental, Intellectual, Physical, Financial, Occupational, Social) with three radio button options for each: "Declining", "Neutral/Stable", and "Improving". A note at the bottom of this section reads "Over the past three months, considering client wellness plan as benchmark". 2. "Treatment Modalities/Services:" which has five checkboxes: "Individual Therapy", "Group Therapy", "Couples Therapy", "Family Therapy", "Mentor/Peer Service", and "Other". A note below says "Select all that apply". 3. "Treatment Completion:" which has two radio buttons for "Yes" and "No", followed by three checkboxes: "Wellness Plan Completed", "75% of short term TX goals completed", and "Lack engagement in PG behavior/30 consecutive days". A "None" checkbox is also present. A note at the bottom says "If Yes Select all that apply".

Complete the fields as appropriate for the given relationship to the client.

Save by selecting the “Create” button. The new request will appear for review on the client’s treatment episode record. The extension status will be listed on the request.

Last Known Problematic Gambling Behavior:

- Less than 30 days
- 30-60 days
- 60-90 days
- 90-120 days
- 121-365 days
- Greater than 365 days

Co-Occurring Challenges:

Yes No

- Mental Health Disorders
- Substance Use Disorders
- Relationship Challenges
- Challenges Related to Systemic Inequity
- Other
- None

If Yes Select all that apply

Risk Factors:

Yes No

- High Risk of Relapse
- Housing at Risk/Homelessness
- Recent Hospitalization
- Recent Incarceration
- High Suicide Risk
- Mental Health Symptoms
- Moderate to Severe Substance Use
- Lack of Recovery Social Supports
- Lack of Financial Strategies to Support Recovery
- Other
- None

If Yes Select all that apply

Back

Create

To add an additional request, begin the process again by clicking the “Add New Request” button. These requests will be reviewed by OHA PGS staff and approved or denied within the system. If they are approved, on the Treatment Episode screen, you will see a new forecasted discharge date that will include the time frame of the approved extension.

Treatment Extension Requests:

Duration:	Three Months	Provider:	ANDERSON, CRAIG D
Request Date:	6/22/2021	Status:	Pending Review

Add New Request

Adding an Encounter Session

- Encounters are services provided to the client during the client’s treatment episode.
- Multiple encounters can be added to each treatment episode record.
- Encounter sessions can be edited if needed.

Begin the process to add an encounter by clicking on the “Add New Encounter” button.

Clicking on this button will bring up the Encounter Session Entry Form.

Encounter Sessions:

No Encounters to Display

Add New Encounter

Complete the fields as they pertain to the encounter. Use the drop-down menus, where applicable.

Counselor: Person who provided the service. This may not be a counselor as the field language stipulates. Can be intake coordinator, peer mentor, outreach worker, depending on the service provided.

If you do not see the Service Provider or Counselor in the drop-down list, you may need to return to the previous screen and add a provider to your facility using the instructions in this guide.

Place of Service: The location where the service was rendered. This is this field where you would stipulate if telehealth was conducted.

Service Type: This is a procedure code that is used to describe a particular service provided to a client receiving behavioral health services. Enter the appropriate OHA PGS approved procedure code. See Appendix C for list of service codes and how to enter them.

Modifier: The modifier, which is added to the procedure code, further describes the service or level of service provided to a client by the provider.

Units: This field informs the system of how time and units sections are available to provide an account for more complex encounters. A unit of measure (service unit) that corresponds to a procedure code which describes a measurable level of service

A diagnosis must be added in the primary and secondary fields. One of those diagnoses must be related to a gambling disorder, relational, or impulse control disorder (gaming disorder).

Once you have saved your information by using the “Save” or “Save and Add New” button, return to the previous screen using the “Back” button.

The encounter(s) you have made will appear and you can monitor the encounter’s status to see if it is still pending, reviewed or has been accepted or rejected.

The screenshot shows a form for entering service encounter details. The form includes the following fields:

- Service Date:** 06/23/2021
- Counselor:** Select a Service Provider
- Place of Service Type:** Select a Place of Service Type
- Service Type:** Select a Service Type
- Modifier:** (empty dropdown)
- Units:** 1
- Diagnostic Codes:**
 - Primary: (empty dropdown)
 - Secondary: (empty dropdown)
 - Informational: (empty dropdown)
 - Informational: (empty dropdown)

At the bottom of the form are three buttons: **Back**, **Save**, and **Save And Add New**. A summary popup window is overlaid on the right side of the form, containing the following information:

Status: Not Submitted	
	None
	0.00
	x 1
	\$0.00

All encounters are editable. If needed, enter the record to make a correction or addition, click on the blue text for the individual encounter.

To add additional encounters, click the “Add New Encounter” button to begin entering information for a new encounter.

The screenshot shows a popup window titled **Encounter Sessions:** with the following details:

- H2027- Individual counseling continuing care** (blue text)
- Provider:** BARTLETT, CRYSTAL
- M**
- Service Date:** 6/23/2021
- Units:** 2
- Status:** Accepted
- Billed:** \$63.84

At the bottom of the popup is a red button labeled **Add New Encounter**.

Adding an Encounter Session

It is a good practice to periodically review your active client list for individuals who need to be discharged. Discharging a client from your facility will remove the client from the active client list. However, once the discharge record has been created, you will still be able to edit a previous client’s record if a change needs to be made. To make a change or correct an error, return to the Person

Information section in the left side panel menu and use the Person/Client Search feature to find the person record. Once you have found the record, click into it make the changes as needed. Users can only edit records that are associated with their home facility.

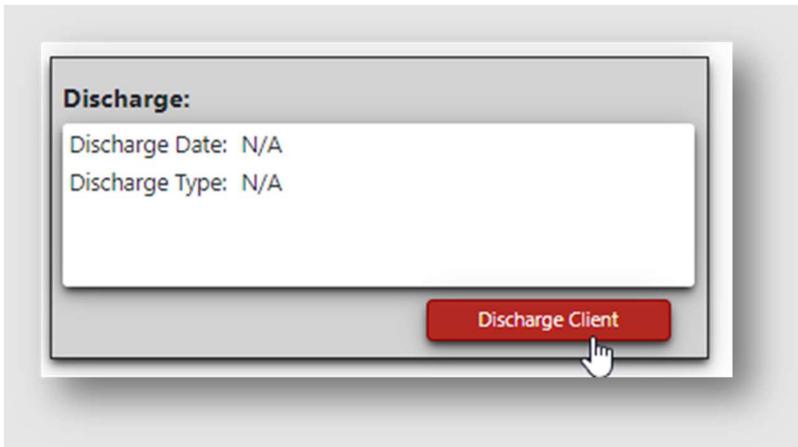
If your client is a returning client who did not previously complete treatment but was discharged and is now going to be treated for a new treatment episode, they will require a new treatment episode record to be made.

All client records must be closed within the time prescribed within the OHA contract. Clients being transferred from agency to agency must be closed at the first agency and then reopened at the accepting agency. Clients being transferred from residential gambling treatment should be opened and closed for that treatment modality and then reopened for outpatient treatment.

Client/Concerned Other Discharge Process

A client or concerned other must have an admission record prior to discharge. Otherwise, the client's treatment episode will not allow a discharge record to be created.

To create a discharge record, click on the "Discharge Client" button on the treatment episode screen.



Clicking on this button will pull up the Client Discharge entry form.

Client Discharge

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Blackburn, Rafael Cyrus

5057 Summit Lane
Turner, OR 97392

Gender: Male
DOB: 9/22/1991
**Client
Number:** 78766
**Enrolled:
Last
Service:** 6/16/2021

Discharge Date  *

Discharge Type *

Related Problem Areas

Bankruptcy *

Legal *

Suicide Threat *

[Back to Treatment Summary](#)

[Cancel](#)

[Save](#)

Fill out the fields according to the client's situation. Use the drop-down lists to select from the available options.

The Discharge Date will auto-fill to the current date. If that is not the date of discharge, type in the correct date in the MM/DD/YYYY format or use the calendar feature. This is the last date of service or last time client was seen at the clinic/provider agency or by the service provider.

The next discharge screen will appear after saving.

Current Gambling Activity		Ancillary Support Services Received	Gambling Discharge Referred To
Primary	Activity <input type="text"/>		
	Venue <input type="text"/>		
Secondary	Activity <input type="text"/>		
	Venue <input type="text"/>		
Informational	Activity <input type="text"/>		
	Venue <input type="text"/>		
Informational	Activity <input type="text"/>		
	Venue <input type="text"/>		
Diagnostic Impressions			
Primary	Diagnosis <input type="text"/>		
Secondary	Diagnosis <input type="text"/>		
Informational	Diagnosis <input type="text"/>		
Informational	Diagnosis <input type="text"/>	<input type="checkbox"/> Physical Health	<input type="checkbox"/> None
		<input type="checkbox"/> Mental Health	<input type="checkbox"/> GEAR-Minimal Home-Based Intervention
		<input type="checkbox"/> Other Addictions	<input type="checkbox"/> Problem Gambling Residential
		<input type="checkbox"/> Dental	<input type="checkbox"/> Gamblers Anonymous
		<input type="checkbox"/> Vision	<input type="checkbox"/> Other Community Recovery Group
		<input type="checkbox"/> Education	<input type="checkbox"/> Other Community Recovery Services
		<input type="checkbox"/> Employment	<input type="checkbox"/> Peer Run Organization
		<input type="checkbox"/> Housing	<input type="checkbox"/> Private Practitioner
		<input type="checkbox"/> Emergency Clothing	<input type="checkbox"/> SUD Outpatient
		<input type="checkbox"/> Food Stamps	<input type="checkbox"/> MH Outpatient
		<input type="checkbox"/> Insurance Enrollment	
		<input type="checkbox"/> Other	

Be sure to add all diagnostic impressions and supply a thorough overview of the client's progress. This data is important for assessing program completion rates and client progress.

Check all boxes that apply for the Ancillary Support Services Received and Gambling Discharge Referrals for tracking of additional services possibly being received post-treatment.

To uncheck a box, click the marked box.

Once all options have been assessed and you have reviewed the information for correctness, complete the discharge by clicking the "Done" button. This action will bring the user back to the treatment record.

At this point, review all other records, including encounters, to make sure all the information is accurate before moving on. After this point the client will no longer appear in the active client list for your facility, but the records will still be accessible through the Person/Client Search feature should you need to return to make a correction or add additional information.

DATA SUBMISSION THROUGH ELECTRONIC DATA INTERCHANGE (EDI)

To submit live data to PG Net, a provider must be certified to do so. The following checklist is an overview of the steps involved to become certified. Each step and EDI file requirement is further detailed in appendix B.

EDI Certification Checklist for Agency/Facility

1. Agency/Facility Registration in PGNET

1. Online registration submission
2. Received login and password
3. Request additional users if necessary for PGNET from COMPASS
4. PGNET Contact Method Selection
5. Facility Setup

2. File Transfer Certification Process

1. Service Files
 1. Sent first Service Certification file
 2. Received approval on Service Status Certification file
 3. Sent second Service Certification file
 4. Received approval on second Service Certification file

3. Approval/Certification Received from COMPASS

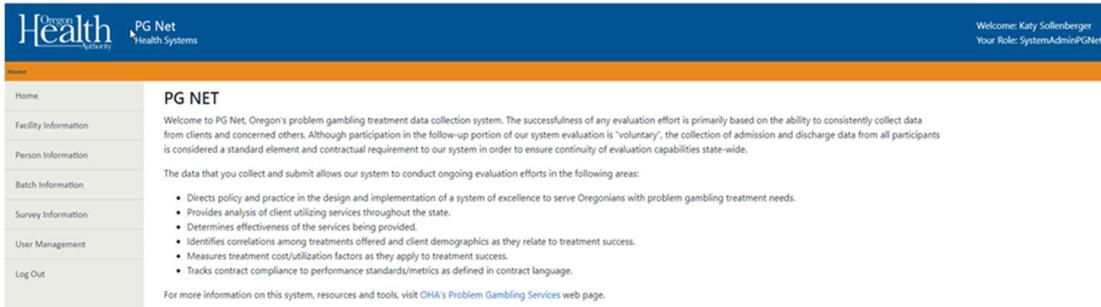
4. Agency submitting real time data via EDI

A sample EDI file might look something like this:

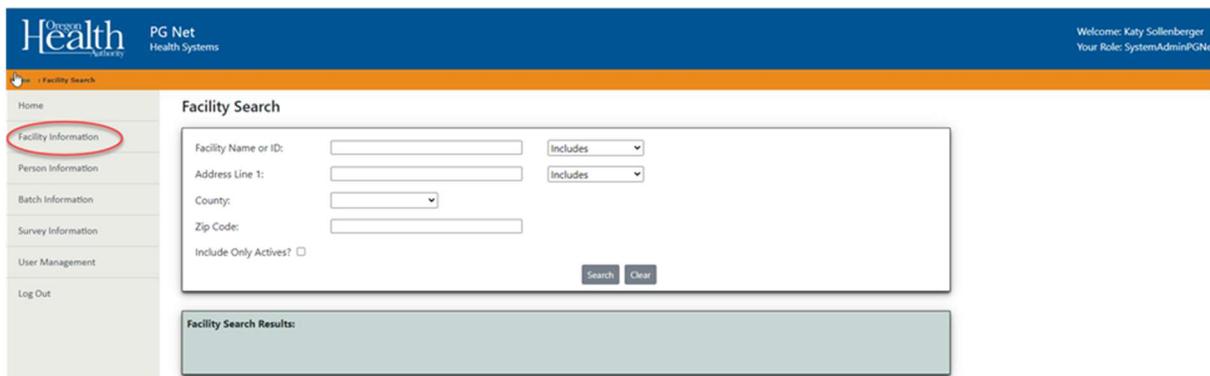
```
ISA*00*          *00*          *ZZ*OR-FAC-225   *ZZ*987654321   *210512*0808*^^00501*111100012*1*P*::~~
GS*****~
ST***~
BHT****20211021*0909*~
HL*1**20*~
NM1*85*2*GOTHAM CITY HOSPITAL*****XX*1234567890~
REF**~
HL*2*1*22*0~
SBR*****~
NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~
DMG*D8*20200622*M~
NM1*PR*2*HSDG*****15~
CLM*00001111*45***02:B:1*Y*A*Y*Y~
HI*ABK:F630~
NM1*82*1*ANDERSON*CRAIG***XX*1497000586~
SV1*HC:HHHHH*45*UN*3***1~
DTP*472*D8*20210101~
SE*16*32225000~
GE*1*31290~
IEA*1*000000002~
```

EDI-Steps for Uploading and Correcting Service Files

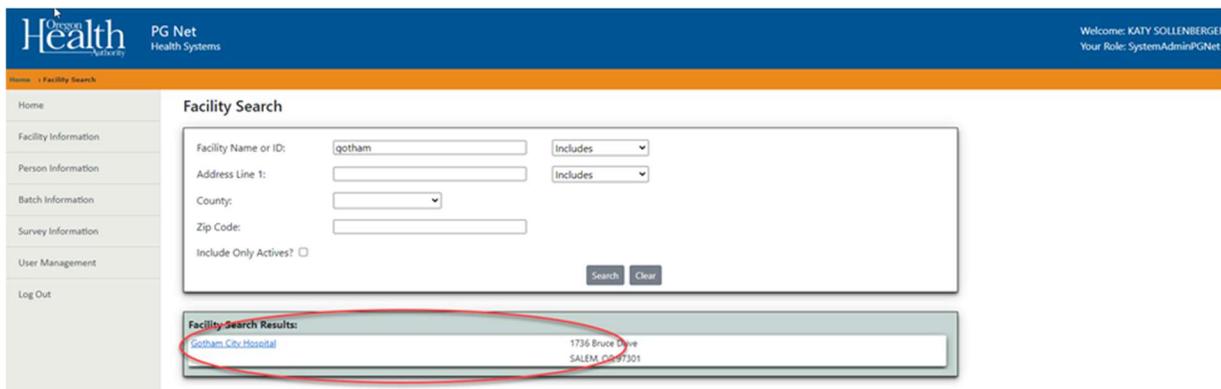
1. Go to the PG Net Production Site at <https://healthsystems.oha.state.or.us/pgnet>.
2. Log in as a user and navigate to the PG Net Homepage.



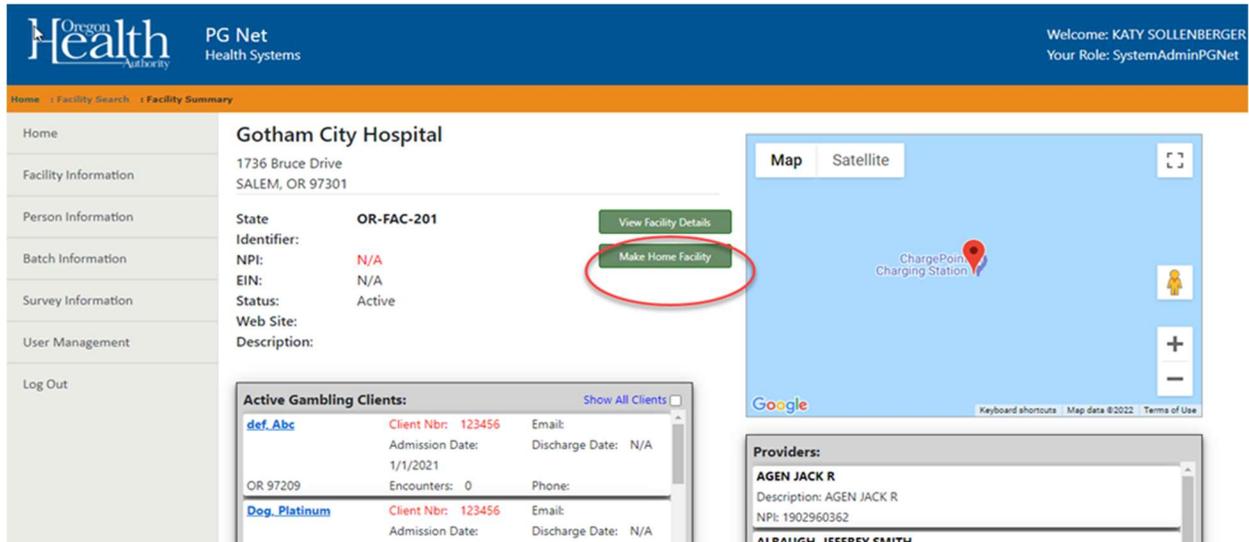
3. Click the "Facility Information" tab on the left side margin.



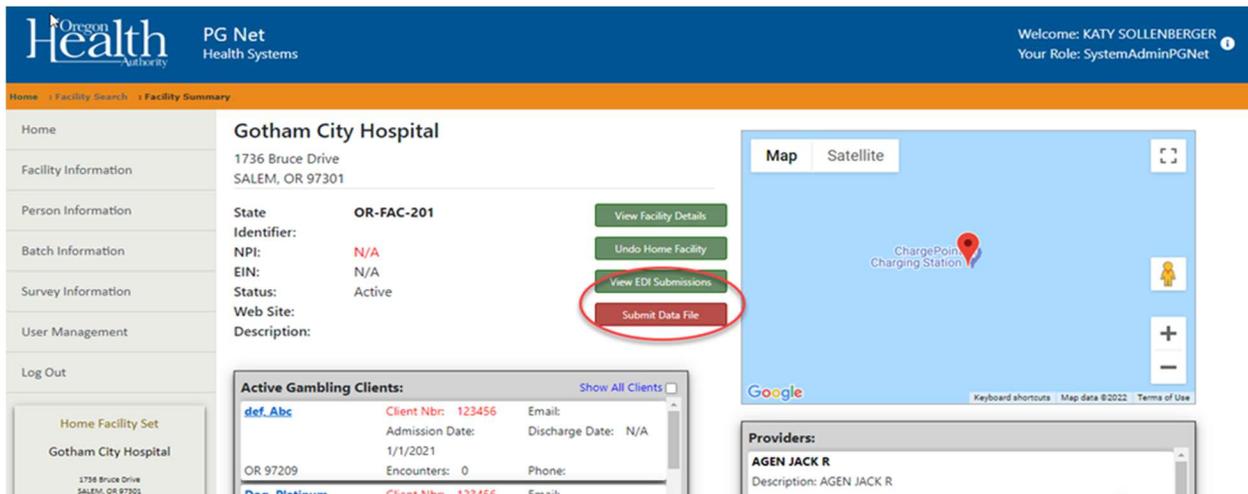
4. If you have access to more than one facility, you may need to search for your facility. To do so, type all or part of the facility name in the "Facility Name or ID" search box and click the Search button. Results will appear at the bottom of the screen. Click on the name of the facility for which you would like to submit data.



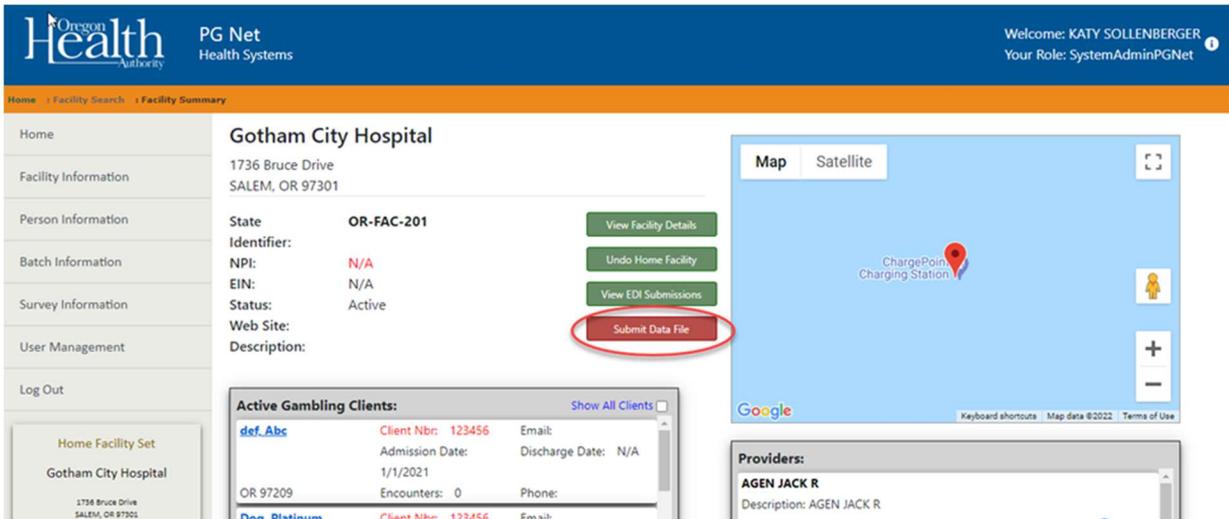
- On the Facility Summary screen, look for the “Make Home Facility” button. If it is present, click it to be able to make changes within this facility. If the “Make Home Facility” button is not visible, skip this step.



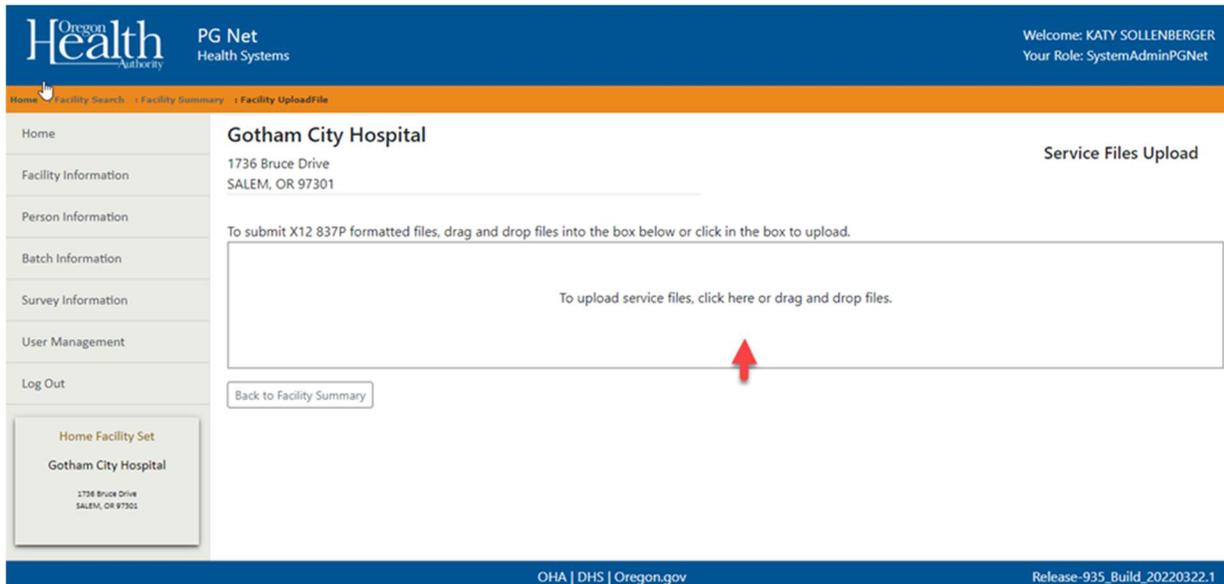
- When two buttons in the middle of the screen, labeled “View EDI Submissions” and “Submit Claim File,” are visible, you are ready to submit and manage EDI submissions.



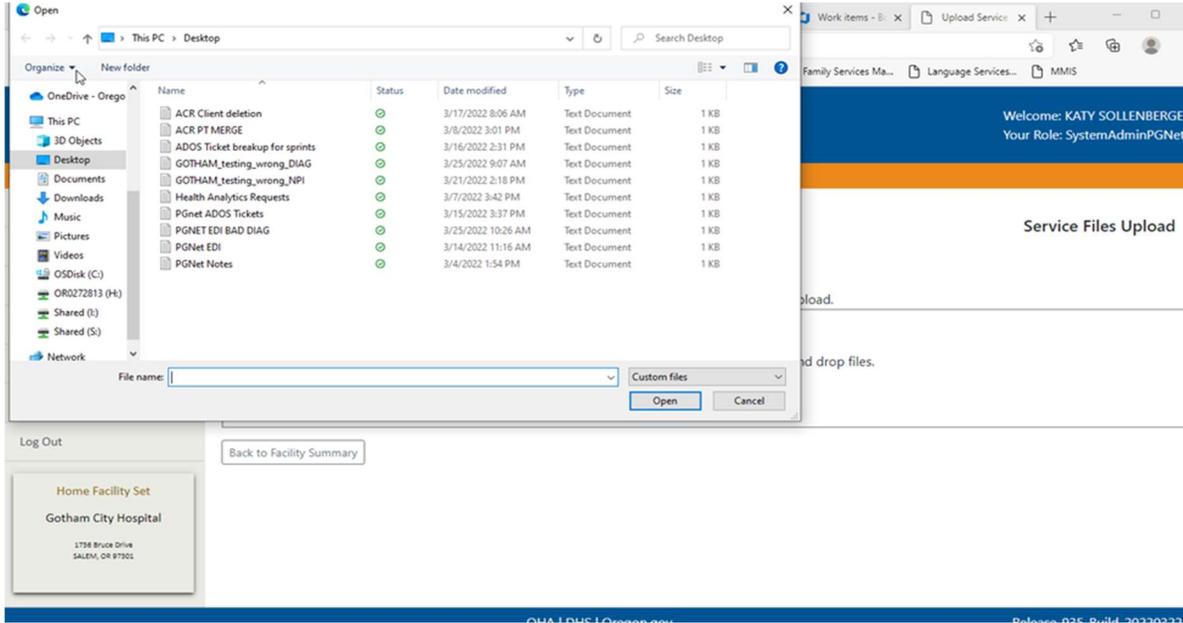
7. To submit a file, click the “Submit Data File” button on the Facility Summary screen.



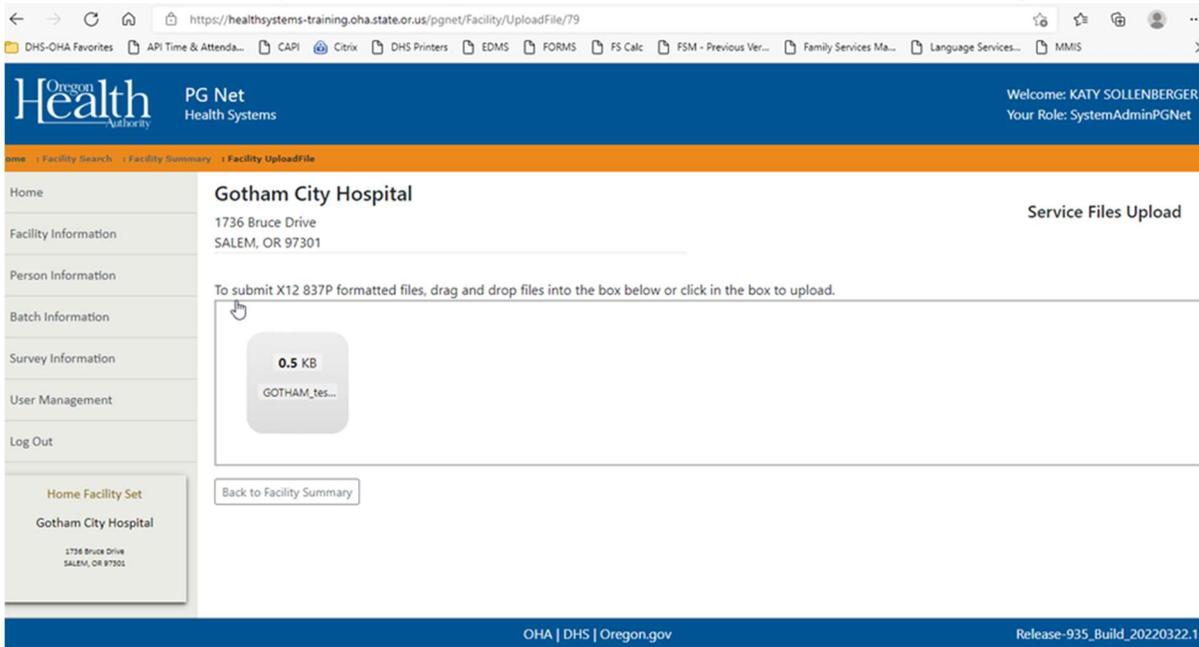
8. There are two options for uploading a file. You can drag the file from your file folder, or you can click in the box and select a file.



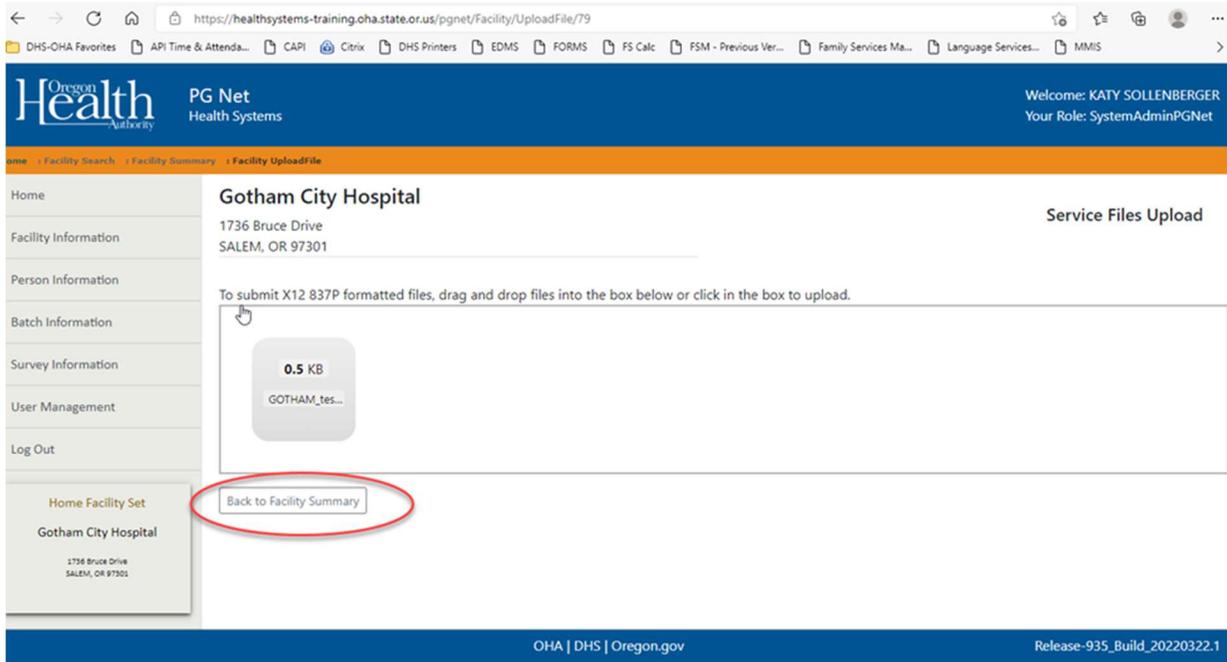
9. To upload, the system will open your file folders and you can select the file, click on open and the file will be placed into the system.



10. In the example below, the file has been successfully uploaded. When successful, a check mark appears briefly over the top of the file, and there is no error message.

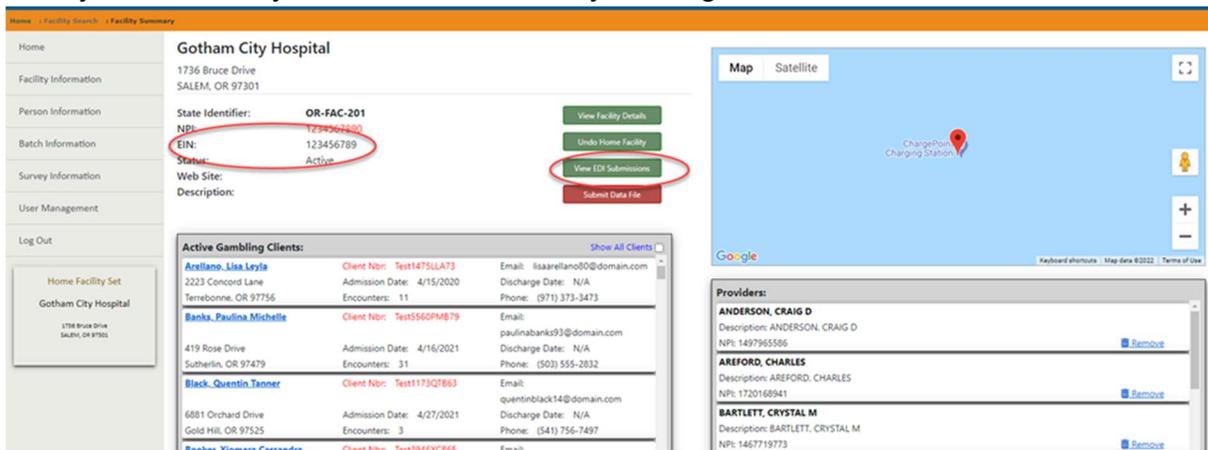


11. If the file has **not** uploaded successfully, an X will appear over the file along with an error message.



12. Once you have completed your upload, return to the Facility Summary screen by clicking the “Back to Facility Summary” button.

13. Now you can view your EDI submission by clicking on the View EDI Submission button.



14. From this screen you can look at your batch files. Notice the date of submission and that the system will put the last submission at the top of the list. Additionally, the system will rename

your file as a PG Encounter- [number]. The numbers are not sequential by facility, but by the system. If needed, use any or all the three search fields to locate specific files.

15. If you click on a “Source File” link, you can view the file information that was submitted.

The screenshot shows the 'Batch Explorer' interface. At the top, there are search filters: 'Batch Status' (a dropdown menu), 'From Date' (mm/dd/yyyy), and 'To Date' (mm/dd/yyyy). Below these are 'Search' and 'Clear' buttons. The main area displays 'Batch Explorer Results' for '19 Batches Found'. The results are listed in a table with columns for Facility Name, PG-Encounter number, Status, Services Reported, Errors Found, and Submission Date. A 'Source File' link is provided for each entry. Red arrows point to the 'PG-Encounter-227' link and the 'Source File' link for the first batch.

Facility Name	PG-Encounter	Status	Services Reported	Errors Found	Submission Date	Source File
Gotham City Hospital	PG-Encounter-227	Status: Contains Errors	Services Reported: 1	Errors Found: 2	Submission Date: 3/21/2022	Source File
Gotham City Hospital	PG-Encounter-157	Status: Accepted	Services Reported: 1	Errors Found: 1	Submission Date: 3/15/2022	Source File
Gotham City Hospital	PG-Encounter-156	Status: Accepted	Services Reported: 1	Errors Found: 0	Submission Date: 3/15/2022	Source File
Gotham City Hospital	PG-Encounter-153	Status: Contains Errors	Services Reported: 66	Errors Found: 69	Submission Date: 3/14/2022	Source File
Gotham City Hospital	PG-Encounter-152	Status: Failed	Services Reported: 0	Errors Found: 1	Submission Date: 3/14/2022	Source File
Gotham City Hospital	PG-Encounter-151	Status: Contains Errors	Services Reported: 66	Errors Found: 69	Submission Date: 3/14/2022	Source File

16. The example below shows a file after it was submitted.

The screenshot shows the 'Batch File Details' interface. It displays facility information: 'Facility Name: Gotham City Hospital', 'Facility Identifier: OR-FAC-201', and 'Batch Identifier: PG-Encounter-227'. Below this is a list of 20 HL7 message lines, numbered 1 through 20. The messages are in standard HL7 format, including fields like ISA, GS, ST, BHT, HL, NMI, REF, HL, SBR, NMI, CLM, HI, NMI, SVI, DTP, SE, GE, and IEA.

Line Number	HL7 Message
1	ISA*00* *00* *ZZ*OR-FAC-225 *ZZ*987654321 *210512*0808*^*00501*111100012*1*P*::~
2	GS*****~
3	ST***~
4	BHT***20211021*0909*~
5	HL*1**20*~
6	NMI*85*2*GOTHAM CITY HOSPITAL****XX*1234567890~
7	REF**~
8	HL*2*1*22*0~
9	SBR*****~
10	NMI*IL*1*ARELLANO*LISA*LEILA***MI*Test1475LLA73~
11	DMG*D8*20200622*M~
12	NMI*PR*2*HSDG*****15~
13	CLM*00001111*45***02:B:1*Y*A*Y*Y~
14	HI*ABK:F630~
15	NMI*82*1*ANDERSON*CRAIG****XX*1497000586~
16	SVI*HC:HHHH*45*UN*3***1~
17	DTP*472*D8*20210101~
18	SE*16*32225000~
19	GE*1*31290~
20	IEA*1*000000002~

17. Use the links in the banner bar at the top of the page to move back to the Batch Explorer section or use the navigation links on the left to navigate to other PG Net screens.

Batch File Details

Facility Name: Gotham City Hospital
Facility Identifier: OR-FAC-201
Batch Identifier: PG-Encounter-227

1	ISA*00*	*00*	*ZZ*OR-FAC-225	*ZZ*987654321	*210512*0808**^00501*111100012*1*P*:-~
2	GS*****~				
3	ST***~				
4	BHT****20211021*0909*~				
5	HL*1**20*~				
6	NM1*85*2*GOTHAM CITY HOSPITAL****XX*1234567890~				
7	REF**~				
8	HL*2*1*22*0~				
9	SBR*****~				
10	NM1*IL*1*ARELLANO*LISA*LEYLA***MI*Test1475LLA73~				
11	DMG*D8*20200622*M~				
12	NM1*PR*2*HSDG*****15~				
13	CLM*00001111*45***02:B:1*Y*A*Y*Y~				
14	HI*ABK:F630~				
15	NM1*82*1*ANDERSON*CRAIG****XX*1497000586~				
16	SV1*HC:HHHH*45*UN*3***1~				
17	DTP*472*D8*20210101~				
18	SE*16*32225000~				
19	GE*1*31290~				
20	IEA*1*000000002~				

Home Facility Set
 Gotham City Hospital
 1736 Bruce Drive
 SALEM, OR 97301

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18. Click the “PG Encounter” number link to review a file status.

Batch Explorer

Batch Status:

From Date:

To Date:

Batch Explorer Results: 19 Batches Found

Facility	PG-Encounter	Status	Services Reported	Errors Found	Submission Date
Gotham City Hospital	PG-Encounter-227	Contains Errors	1	2	3/21/2022
Gotham City Hospital	PG-Encounter-157	Accepted	1	1	3/15/2022
Gotham City Hospital	PG-Encounter-156	Accepted	1	0	3/15/2022
Gotham City Hospital	PG-Encounter-153	Contains Errors	66	69	3/14/2022
Gotham City Hospital	PG-Encounter-152	Failed	0	1	3/14/2022
Gotham City Hospital	PG-Encounter-151	Contains Errors	66	69	3/14/2022

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19. This page shows how many errors were reported for the selected file. There can be more than one error for each individual client. The services reported are the number of individual services, so the number of errors can be greater than the number of services reported.

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Batch Number: **PG-Encounter-227**

Submission Date: 3/21/2022

Control Number: 111100012

Batch Type: PG Net Encounter Process

Batch Status: Contains Errors

Start Time: 3/21/2022 3:38:25 PM

End Time: 3/21/2022 3:38:25 PM

Service Reported: 1

Claim	Status	Posted
0000113	Contains Errors	N/A

Patient ID: Test1475LLA73 Service Date: 1/1/2021 Place: 2

Procedure: HHHHHH Units: 3 Billed: 45.00 [View](#)

Errors Found: 2

Error	Severity
Patient ID: Test1475LLA73 - NPI not found for the Gambling Case Number facility or valid Specialty Type.	Critical
Patient ID: Test1475LLA73 - Service Type is invalid.	Critical

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20. Click on an individual claim number to see the details of a claim. For this example, there is no matching client data in PG Net. This client would need to be entered into the system; then those submissions would need to be resubmitted via EDI or entered manually.

Batch Details

Facility Name: Gotham City Hospital
 Batch Number: PG-Encounter-249
 Batch Status: **Contains Errors**

Service Date: 1/1/2021
 Case Number: Test14775LLA73
 Service Provider: 1497000586
 Place Of Service: 2
 Procedure Code: HHHHH
 Modifier: 3
 Units: 45.00
 Billed Amount: Primary: F630
 Diagnosis Code: Primary: F630

Errors Found: 2

Patient ID: Test14775LLA73 not found.	Service Date: 1/1/2021
MatchNotFound	Critical
Patient ID: Test14775LLA73 - Service Type is invalid.	Service Date: 1/1/2021
ForeignKeyError	Critical

21. For batches that are ready to be viewed, click the small eye icon or the claim link to review the file.

Gotham City Hospital

1736 Bruce Drive
 SALEM, OR 97301

Batch Number: **PG-Encounter-153**
 Submission Date: 3/14/2022
 Control Number: 000390009
 Batch Type: PG Net Encounter Process
 Batch Status: **Contains Errors**
 Start Time: 3/14/2022 10:53:25 AM
 End Time: 3/14/2022 10:53:27 AM

Service Reported: 66

Claim: 11156738100	Status: Contains Errors	Posted: N/A
Patient ID: Test1173Q2TB63	Service Date: 8/20/2021	Place: 11
Procedure: H0004	Units: 1	Billed: 34.58 Review
Claim: 11156740210	Status: Accepted	Posted: CG-PG-Encounter-5724
Patient ID: Test5560PMB79	Service Date: 8/18/2021	Place: 11
Procedure: T1016	Units: 2	Billed: 51.58
Claim: 11156738120	Status: Contains Errors	Posted: N/A
Patient ID: Test3946XC865	Service Date: 8/18/2021	Place: 11
Procedure: H0004	Units: 2	Billed: 63.84 Review
Claim: 11156738130	Status: Contains Errors	Posted: N/A
Patient ID: Test62005NB49	Service Date: 8/17/2021	Place: 11
Procedure: 90832	Units: 1	Billed: 74.17 Review
Claim: 11156740270	Status: Accepted	Posted: CG-PG-Encounter-5723
Patient ID: Test5560PMB79	Service Date: 8/16/2021	Place: 11
Procedure: T1016	Units: 4	Billed: 103.16
Claim: 11156738120	Status: Contains Errors	Posted: N/A

Errors Found: 69

Claim number 11156739070 has been submitted on a transaction before.	Service Date: 3/31/2021
ED032	Error
Claim number 11156735840 has been submitted on a transaction before.	Service Date: 8/5/2021
ED032	Error
Claim number 11156738110 has been submitted on a transaction before.	Service Date: 6/28/2021
ED032	Error
Patient ID: Test1475LLA73 - Invalid Diagnosis code.	Service Date: 2/18/2021
ForeignKeyError	Critical
Patient ID: Test1475LLA73 - Service Type is invalid.	Service Date: 4/13/2021
ForeignKeyError	Critical
Patient ID: Test1475LLA73 - Invalid Diagnosis code.	Service Date: 4/13/2021
ForeignKeyError	Critical

22. The file details and an error message will display. For this example, the NPI for the provider is invalid, or the provider had not been added to the facility

Home | Batch File Details | Batch Summary | Encounter Correct

Home

Facility Information | Person Information | Batch Information | Survey Information | User Management | Log Out

Home Facility Set
Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Gambling Encounter Batch Correction Form

Arellano, Lisa
Client Number: Test1475LLA73
2223 Concord Lane
Terrebonne, OR 97756

Gotham City Hospital
FacilityID: OR-FAC-201
1736 Bruce Drive
SALEM, OR 97301

- Rendering Provider NPI (1497000586) is invalid.
- Batch Service Type (HHHHH) is invalid.

Service Date* 01/01/2021

Counselor* Select a Service Provider
The Counselor field is required.

Place of Service Type* 02- Telehealth

Service Type* Select a Service Type
The Service Type field is required.

Modifier

Units* 3

Billed* 45.00

Diagnostic Codes

Primary* F63.0 - Gambling disorder

Secondary

Informational

Status: Not Submitted
None
0.00
x 3
\$0.00
Denied \$45.00

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23. Navigate to the Facility Summary screen, add the missing provider, return to this screen, and update the erroneous field.

Home | Batch File Details | Batch Summary | Encounter Correct

Home

Facility Information | Person Information | Batch Information | Survey Information | User Management | Log Out

Home Facility Set
Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Gambling Encounter Batch Correction Form

Arellano, Lisa
Client Number: Test1475LLA73
2223 Concord Lane
Terrebonne, OR 97756

Gotham City Hospital
FacilityID: OR-FAC-201
1736 Bruce Drive
SALEM, OR 97301

- Rendering Provider NPI (1497000586) is invalid.
- Batch Service Type (HHHHH) is invalid.

Service Date* 01/01/2021

Counselor* Select a Service Provider
Select a Service Provider
ANDERSON, CRAIG D - NPI: 1497965586
BARTLETT, CRYSTAL M - NPI: 1467719773
BARTLETT, CRYSTAL M - NPI: 1467719773
BALGHMAN, JARED - NPI: 1508248006
DOWNHILL, JACK - NPI: 1467522813
DRAGULIN, MARIA - NPI: 1245609502
JOHNSTON, KELLY - NPI: 1144301557
LANCENIN, REBEKAH R - NPI: 1700289915
MULLALLY, JEANNE M - NPI: 1528515566
ROBINSON, JORDAN J - NPI: 1326185117
SPOFFORD, SARAH F - NPI: 1184992984
STEPHENS, CAROL L - NPI: 1649649211
TREASURE, LISSA M - NPI: 1174098826
VALDIVIA, GLORIA - NPI: 1972066718
VANDIVER, ROBERT F - NPI: 1457444390

Place of Service Type*

Service Type*

Modifier

Units*

Billed*

Diagnostic Codes

Primary*

Secondary

Status: Not Submitted
None
0.00
x 3
\$0.00
Denied \$45.00

24. When finished, click the Save button.

The screenshot shows the PG Net Health Systems interface. The top navigation bar includes the Oregon Health Authority logo, 'PG Net Health Systems', and a user welcome message: 'Welcome: Katy Sollenberger Your Role: SystemAdminPGNet'. The left sidebar contains 'User Management', 'Log Out', and 'Home Facility Set' for Gotham City Hospital. The main form area contains the following fields:

- Service Date*: 01/01/2021
- Counselor*: ANDERSON, CRAIG D - NPI: 1497965586
- Place of Service Type*: 02- Telehealth
- Service Type*: H0004- Individual Gambling Counseling and therapy
- Modifier: (empty)
- Units*: 3
- Billed*: 79.80
- Diagnostic Codes:
 - Primary*: F63.0 - Gambling disorder
 - Secondary: (empty)
 - Informational: (empty)
 - Informational: (empty)

At the bottom of the form, there are two buttons: 'Back to Treatment Summary' and 'Save'. The 'Save' button is circled in red. A tooltip is visible over the 'Service Type' field, displaying: 'Status: Accepted', 'H0004- Individual Gambling Counseling and therapy', '26.60 x 3', and '\$79.80'. The footer contains 'OHA | DHS | Oregon.gov' and 'Release-935_Build_20220322.1'.

25. When successful, a very brief message will appear at the top of the screen to indicate that the encounter record has successfully saved.

The screenshot shows the PG Net Health Systems interface after a successful save. A yellow confirmation message at the top reads: 'Encounter record successfully saved.' Below this is the 'Gambling Encounter Entry' form for Lisa Arellano at Gotham City Hospital. The form displays the following information:

- Person Information:** Arellano, Lisa; Client Number: Test1475LLA73; 2223 Concord Lane; Terrebonne, OR 97756.
- Facility Information:** Gotham City Hospital; FacilityID: OR-FAC-201; 1736 Bruce Drive; SALEM, OR 97301.
- Service Date*:** 01/01/2021
- Identifier*:** OR-PG-Encounter-S748
- Counselor*:** ANDERSON, CRAIG D - NPI: 1497965586
- Place of Service Type*:** 02- Telehealth
- Service Type*:** H0004- Individual Gambling Counseling and therapy
- Modifier:** (empty)
- Units*:** 3

A tooltip is visible over the 'Service Type' field, displaying: 'Status: Accepted', 'H0004- Individual Gambling Counseling and therapy', '26.60 x 3', and '\$79.80'. The footer contains 'OHA | DHS | Oregon.gov' and 'Release-935_Build_20220322.1'.

26. When the claim has been corrected and saved, return to the Batch Summary screen. The claim is now corrected and appears with a white background (white service records have been

successfully corrected). See Appendix C for procedure code instructions.

PG Net Health Systems | Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

SALEM, OR 97301

Batch: PG-Encounter-227

Number: [View Batch Header]
Submission Date: 3/21/2022 [View Source File]
Control Number: 111100012
Batch Type: PG Net Encounter Process
Batch Status: Accepted
Start Time: 3/21/2022 3:38:25 PM
End Time: 3/21/2022 3:38:25 PM

Service Reported: 1

Claim: 00001111	Status: Corrected	Posted: OR-PG-Encounter-S748
Patient ID: Test1475LLA73	Service Date: 1/1/2021	Place: 2
Procedure: HHHHH	Units: 3	Billed: 45.00
Correction:		
Procedure: H0004	Units: 3	Billed: 79.80
Modifier: N/A		

ValidationErrors

Validation Error	Critical
Patient ID: Test1475LLA73 - Service Type is invalid.	Critical
ForeignKeyError	Critical

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27. Claims that are yellow have been accepted from the original submission. Claims in salmon need attention and have not been successfully submitted.

PG Net Health Systems | Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

Home / Batch File(s) / Batch Summary

Gotham City Hospital

1736 Bruce Drive
SALEM, OR 97301

Batch Number: PG-Encounter-153

Submission Date: 3/14/2022 [View Batch Header]
Control Number: 000380009 [View Source File]
Batch Type: PG Net Encounter Process
Batch Status: Contains Errors
Start Time: 3/14/2022 10:53:25 AM
End Time: 3/14/2022 10:53:27 AM

Service Reported: 66

Modifier: N/A		
Claim: 11156738770	Status: Accepted	Posted: OR-PG-Encounter-S736
Patient ID: Test6984AGB69	Service Date: 8/26/2021	Place: 11
Procedure: T0001	Units: 8	Billed: 212.80
Claim: 11156736400	Status: Contains Errors	Posted: N/A
Patient ID: Test1173QT863	Service Date: 8/20/2021	Place: 11
Procedure: H0004	Units: 1	Billed: 34.58 [Review]
Claim: 11156740210	Status: Accepted	Posted: OR-PG-Encounter-S724
Patient ID: Test5560PMB79	Service Date: 8/18/2021	Place: 11
Procedure: T1016	Units: 2	Billed: 51.58
Claim: 11156736600	Status: Contains Errors	Posted: N/A
Patient ID: Test3946XC865	Service Date: 8/18/2021	Place: 11
Procedure: H0004	Units: 2	Billed: 63.84 [Review]
Claim: 11156736750	Status: Contains Errors	Posted: N/A
Patient ID: Test62005N849	Service Date: 8/17/2021	Place: 11

Errors Found: 69

Claim number 11156739070 has been submitted on a transaction before.	Service Date: 3/31/2021	Error
EDIO32		Error
Claim number 11156735540 has been submitted on a transaction before.	Service Date: 8/5/2021	Error
EDIO32		Error
Claim number 11156738110 has been submitted on a transaction before.	Service Date: 6/28/2021	Error
EDIO32		Error
Patient ID: Test1475LLA73 - Invalid Diagnosis code.	Service Date: 2/18/2021	Critical
ForeignKeyError		Critical
Patient ID: Test1475LLA73 - Service Type is invalid.	Service Date: 4/13/2021	Critical
ForeignKeyError		Critical
Patient ID: Test1475LLA73 - Invalid Diagnosis code.	Service Date: 4/13/2021	Critical
ForeignKeyError		Critical

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28. When all claims within a file have been corrected and accepted, the batch status will display a “Accepted” in green.

Oregon Health Authority PG Net Health Systems
Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

Home > Batch FileDetails > Batch Summary

Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Errors Found: 0
No Error to Display

Batch Information:
Batch Number: **PG-Encounter-156**
Submission Date: 3/15/2022
Control Number: 100000012
Batch Type: PG Net Encounter Process
Batch Status: Accepted
Start Time: 3/15/2022 4:21:07 PM
End Time: 3/15/2022 4:21:08 PM

Service Reported: 1

Claim: 00000001	Status: Accepted	Posted: OR-PG-Encounter-S739
Patient ID: Test1475LLA73	Service Date: 1/1/2021	Place: 2
Procedure: H2027	Units: 3	Billed: 45.00

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29. A message may appear for some claims about an invalid diagnosis code. Typically, this will mean that one of the secondary or informational diagnosis codes submitted with the service is not available in the PG Net system. In this case, click on the “Review” button. The invalid diagnosis will not appear. To fix or resubmit, click the Save button. The claim should now be accepted.

Oregon Health Authority PG Net Health Systems
Welcome: Katy Sollenberger
Your Role: SystemAdminPGNet

Home > Batch FileDetails > Batch Summary

Gotham City Hospital
1736 Bruce Drive
SALEM, OR 97301

Errors Found: 1
Patient ID: Test1475LLA73 - A diagnosis code of F630, F6309, or Z630 is required. Service Date: 1/1/2021
Validation:Error Critical

Batch Information:
Batch Number: **PG-Encounter-243**
Submission Date: 3/25/2022
Control Number: 101233012
Batch Type: PG Net Encounter Process
Batch Status: **Contains Errors**
Start Time: 3/25/2022 10:11:08 AM
End Time: 3/25/2022 10:11:08 AM

Service Reported: 1

Claim: 00013211	Status: Contains Errors	Posted: N/A
Patient ID: Test1475LLA73	Service Date: 1/1/2021	Place: 2
Procedure: H2027	Units: 3	Billed: 45.00

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No EHR? No problem! Client Entry will still be available.

Until this feature is fully operationalized, or if a facility does not utilize this type of claim billing software, then client entry will be the primary means of reporting data into PG Net.

Reporting and Commenting

Reporting Bugs:

As PG NET is a new system, there might be bugs or errors that occur. If you come across a bug or problem on a screen, use the reporting and commenting feature on the bottom of the page.

To open the commenting and reporting feature, select the button at the bottom left of the screen:

Post a Comment or Report a Problem

Clicking on this button will bring up the dialogue text box.

Please Enter a Suggestion or Report an Issue

Select the Type of Issue BugReport

Describe the Issue

Severity of the Problem Blocker

Cancel Report to Helpdesk ?

Post a Comment or Report a Problem Rel.1.0.2019.00613.1 - TEST

Please leave a detailed description of the issue and press the “Report to Helpdesk” button to submit the report of the error.

To enter a suggestion or report an issue select from the drop-down menus to report the type of issue:

- Bug Report
- Feature Request
- Comment
- Informational

Use the text field to enter in a detailed description cataloguing the issue. Include as much information as possible, including what you were working on at the time, where on the page the issue occurred, if it has happened more than once, and if the issue was resolved on its own.

For feature requests, use the text box to elaborate on features that you would like to see in PG NET to make your work easier.

List the severity of the problem using the drop-down menu to select one of the following options:

- Blocker
- Critical
- Major
- Normal
- Low

Commenting:

If there is a feature you would like to see added or changed, provide an explanation in the comment box to offer your suggestion on ways the system could be improved. Comments can be informational or offer insight to improve functionality for acute care reporting.

Login Issues:

If you encounter login difficulties, please contact Compass.Support@dhsoha.state.or.us for assistance.

Appendix A- Agency EDI Certification Process

1. Approval/Certification
 - a. OHA will grant EDI approval and provider certification via email.
 - b. Provider will receive instructions via email from OHA on the process of submitting real file submissions.

2. Final Information
 - a. Once the agency/facility has received approval and instruction from OHA, the agency/facility can start submitting real data files.
 - b. For assistance, contact COMPASS Support: COMPASS.Support@dhsoha.state.or.us

EDI-ELECTRONIC DATA INTERCHANGE FILE REQUIREMENTS

Details of the 837 File

Mapping EDI files to Service Transactions

Contents

- Quick References
- Example File
- Service Transaction

4	BHT*0019*00*32225*20210608*0808*CH~
5	NM1*41*2*Gotham City Hospital*****46*OR-FAC-201~
6	PER*IC*na@na.com~
7	NM1*40*2*OHAPGNet*****46*987654321~
8	HL*1**20*1~
9	NM1*85*2*Gotham City Hospital*****XX*9998887771~
10	N3*1736 Bruce Drive~
11	N4*Salem*OR*97302~
12	REF*EI*123456789~
13	HL*2*1*22*0~
14	SBR*P*18*****ZZ~
15	NM1*IL*1*Test*EDI****MI*EDITest1~
16	N3*7655 NE Sacramento St.~
17	N4*Portland*OR*97213~
18	DMG*D8*19900101*F~
19	NM1*PR*2*Gotham City Hospital*****PI*33~
20	N3*1736 Bruce Drive~
21	N4*Salem*OR*97302~
22	CLM*886222*79.8***02:B:1*Y*A*Y*Y~
23	HI*ABK:F630~
24	NM1*82*1*CRIDENTAL SALEM LLC*****XX*1760741078~
25	PRV*PE*PXC*101YM0800X~
26	LX*1~
27	SV1*HC:H2027*79.8*UN*3***1~
28	DTP*472*D8*20210607~
29	REF*6R*886222~
30	SE*28*32225000~
31	GE*1*31290~
32	IEA*1*000000001~

ISA - Interchange Control Header

The ISA is different from others. It is a 106-byte fixed-length record. It has a spot for facility ID's but as those are fixed length, truncation is likely, so they are not used.

ISA¹*00* *00* *ZZ*OR-FAC-201 *ZZ*987654321 *210512*0808*^*00501*000000001²*1*P*::~~

6. Segment Type
7. Control Number - Used to prevent resubmission of same file. This should be unique within each submitting facility.

GS - Functional Group Header

The GS segment is not used for any data, but its presence is checked for validity of the file overall.

GS¹*HC*OR-FAC-201*OHAPGNet*20210512*0808*31290*X*005010X222A1~

8. Segment Type

ST - Transaction Set Header

The ST segment is not used for any data, but its presence is checked for validity of the file overall.

ST¹*837*32225000*005010X222A1~

9. Segment Type

BHT- Beginning of Hierarchical Transaction

The BHT segment is a starting point for a set of providers and claims.

BHT¹*0019*00*32225*20210608²*0808³*CH~

10. Segment Type
11. Transaction Set Creation Date - Combined with time into the BuildDate.
12. Transaction Set Creation Time - Combined with date into the BuildDate.

HL - Hierarchical Level

The HL segment is not used for any data, but its presence is checked for validity of the file overall.

HL¹*1²**20³*1~

13. Segment Type
14. Hierarchical Identification Number - Not mapped. This is a sequence number for HL segments with a BHT.
15. Hierarchical Level Code
 - 20 Used for Provider block or loop, if multiple providers in one file can have more than one.
 - 22 Used for each subscriber (patient) block or loop. These reference back to the HL 20 (using the field just before this one) for the provider they are grouped under.

NM1 - Name Segment

This is the first name segment with a block or loop, usually with supplemental loops following (for addresses, aliases, etc.). It uses the Identifier and qualifier code to identify the type of name segment, as there can be multiples with the same block.

NM1¹*85²*2³*Gotham City Hospital⁴*5*6*7*8*XX⁹*9998887771¹⁰~

16. Segment Type

17. Entity Identification Code

- 85 for Billing Entity (Provider/Facility)
- IL for Insured (Patient/Client/Subscriber)
- 82 for Rendering Provider or Pay-To Provider

Note: Rendering Provider occurs after the LX segment and Pay-To Provider comes before LX. Example files showed they were used interchangeably, so EDI uses the last one found in a set (Rendering Provider, but PayTo Provider if rendering provider was not present).

18. Entity Type Qualifier

- 1 for Entity (Business)
- 2 for Person

19. Entity or Last Name

20. First Name

21. Middle Name

22. Name Prefix (Not Used)

23. Name Suffix (Not Used)

24. Identification Code Qualifier

- 24 for EIN (Tax ID) (Not Used)
- XX for NPI number

25. Identification Code - Used for NPI number, when qualifier is XX.

REF - Reference

The REF segment is used for additional information or references. We only use the EI type of the various REF segments.

REF*EI*123456789 ~

26. Segment Type

27. Reference Identification Qualifier - Only use the EI qualified REF.

28. Reference Identification - When Qualifier is EI, use this for EIN.

SRB - Subscriber

While the SRB segment is not used in the EDI processor to gather data from, it is the parent segment (Loop parent) for the NM1 - IL (Insured) segment. Although not required by EDI processor, many of the 837 Tools used to build and check files will require it. The segment should always be present, even in test files which have been trimmed down to just what is required.

CLM - Claim

The CLM segment is used for claims, which a service or services are grouped under.

CLM¹*886222²*79.8³**02:B:1⁴*Y*A*Y*Y~

- 29. Segment Type
- 30. Patient Control Number
- 31. Total Claim Charge Amount
- 32. Health Care Service Location (group)
 - a. Place of Service Code
 - b. Facility Code Qualifier
 - c. Claim Frequency Code

HI - Health Care Information (Diagnosis)

The HI segment is used for primary and other diagnoses associated with the insured/patient.

HI¹*ABK:F630²⁻¹*ABF:F431²⁻²~

- 33. Segment Type
- 34. Health Care Code Info (group) - Repeats 1 to 15 times, occurrence referenced directly via SV1 Diagnosis Pointer.
 - a. Code List Qualifier Code
 - ABK = Primark IDC-10
 - BK = Primark IDC-9
 - ABF = Other IDC-10
 - BF = Other IDC-9
 - b. Condition Code
 - c. *Many other optional subfields are not typically used or present in files.*

SV1 - Service

The SV1 segment is used data pertaining to the service or services received. Multiple SV1's within a single Claim (CLM) are possible.

For each SV1/DTP 472 combination in an EDI file, there will be a single Service Transaction intermediate built.

SV1¹*HC:H2027:04²*79.8³*UN*3⁴*02⁵**1:2⁶~

- 35. Segment Type
- 36. Procedure Code Info (group)
 - a. Qualifier
 - b. Procedure Code
 - c. Modifier - Optional, repeats 1 to 4 times
 - d. *Other optional subfields are not typically used or present in files*

- 37. Line-Item Charge Amount
- 38. Service Unit Count
- 39. Place of Service Code
- 40. Diagnosis Code Pointers (group) - 1 to 4 repeating subfields
 - a. Diagnosis Code Pointer - A number pointing to the occurrence of the related Diagnosis Code in the paired HI segment.

DTP - Date Time Segment

The DTP segment contains date and/or time information, with the 472 qualifier being the DTP used for service dates pertaining to the SV1.

The 472 DTP also triggers the build of the Service Transaction, as it is the last segment in a series of a Service set, within a claim.

DTP*472*D8*20210607~

DTP*472*RD8*20210607-20210608~

- 41. Segment Type
- 42. Segment Qualifier - We only pull from the 472 version of DTP.
- 43. Date Time Format
 - o D8 = 8-Character Date
 - o RD8 = Date Range for 8-Character Date (uses dash as separator)
- 44. Date Time - For 472's, a single date (start) or a date range (start and end dates).

SE- Transaction Set End

The SE segment is used to validate the EDI file.

The counter field should match the count of all segments between the ST and SE, plus the ST and SE as well.

SE1*28²*32225000~

- 45. Segment Type
- 46. Number of Segments

GE - Functional Group End

The GE segment is used to validate the EDI file.

The counter field should match the count of all ST/SE groups in the EDI file.

GE1*1²*31290~

- 47. Segment Type
- 48. Number of Sets

IEA - Interchange Control End

The IEA segment is used to validate the EDI file.

The counter field should match the count of all GS/GE groups in the EDI file.

IEA¹*1²*000000001~

49. Segment Type

50. Number of Groups

Appendix B- List of Common Batch Errors

BatchErrorCode	BatchErrorMessage
BatchFormat	The Submitted File has Formatting Errors
DuplicateData	There are duplicate values in the data.
EDI001	EDI File was not found at the specified path.
EDI002	Not a valid EDI X12 formatted file or missing header.
EDI003	Not a valid EDI X12 formatted file or missing footer.
EDI004	Invalid element separator specified for X12 files. Only * is supported.
EDI005	Invalid sub-element separator specified for X12 files. Only : is supported.
EDI006	Invalid end of segment specified for X12 files. Only ~ is supported.
EDI007	The number of generated service transactions does not match the count of SV1 segments.
EDI008	Unhandled BuildServiceTran error in claim starting on line {0}.
EDI009	Number of segments does not match count on SE segment on line {0}.
EDI010	Number of transaction sets does not match count on GE segment on line {0}.
EDI011	Number of groups does not match count on IEA segment.
EDI012	Invalid number of elements for segment type {0} on line {1}.
EDI013	Invalid segment type {0} found on line {1}.
EDI014	Required BHT segment(s) missing from EDI file.
EDI015	Missing a NM1 type 85 segment (billing facility) in the BHT group.

EDI016	Missing HL segments (subscriber/patient groups) in the BHT group.
EDI017	Missing a NM1 type IL segment (insured/patient) in the HL group on line {0}.
EDI018	Missing a CLM segment (claim) in the HL group on line {0}.
EDI019	Missing a HI segment (diagnosis) in the CLM (claim) group on line {0}.
EDI020	Missing a SV1 segment (service) in the CLM (claim) group on line {0}.
EDI021	Missing a DTP type 472 segment (service date) in the SV1 (service) group on line {0}.
EDI022	Missing NM1 type 82 segment (rendering by/provided by) in the CLM (claim) group on line {0}.
EDI023	Invalid date or time on BHT segment on line {0}. Proper formats are yyyyMMdd and HHmm.
EDI024	Invalid total claim charge amount on CLM segment on line {0}.
EDI025	Invalid numeric for diagnosis pointer (index) on SV1 segment on line {0}.
EDI026	Custom Invalid numeric in line item charge amount on SV1 segment on line {0}.
EDI027	Invalid numeric in unit count on SV1 segment on line {0}.
EDI028	Invalid service start date on services DTP segment on line {0}.
EDI029	Invalid service end date on services DTP segment on line {0}.
EDI030	The NPI or EIN facility from file, does not match the facility which uploaded the file.
EDI031	Control number check, batch was successfully processed before.
FieldNull	The field is necessary for processing and it has no value.
ForeignKeyError	Value violates FK constraint.
GEN001	Generic error for when conditions do not match any existing error code (Fallback code)
MatchNotFound	Batch value has no corresponding match in Compass.
NET001	.Net Exception Encountered.
SQL001	Database SQL Exception Encountered.
ValidationError	The field data failed our validation rules.

Appendix C- List of Procedure Codes

In PG Net, there are 2 different types of Procedure codes, the *Per Occurrence* code, and the *Actual Cost* code.

Per Occurrence Codes

For *Per Occurrence* codes, enter the number of units (number of occurrences) and the amount billed. *Per Occurrence* codes will only provide credit to the amount that OHA allows for the code. If the amount billed is greater than the allowable amount, the remainder of what was billed will show as **Denied**.

Service Date*	09/01/2021	<div style="border: 1px solid black; padding: 5px;"> <p>Status: Not Submitted</p> <p>H0032- Gambling Service Plan Development</p> <p>106.40</p> <p>x 1</p> <p>\$106.40</p> </div>
Counselor*	Select a Service Provider	
Place of Service Type*	Select a Place of Service Type	
Service Type*	H0032- Gambling Service Plan Development	
Modifier		
Units*	1	
Billed*	106.40	

Code	Description
H0001	Problem Gambling Assessment
H0001HF	Assessment Complexity – Co-Occurring Substance Use Disorders and Problem Gambling
90785	Assessment Complexity Add On, per 15 min
H0001HE	Assessment Complexity – Co-Occurring Mental Health & Problem Gambling Assessment
H0001HH	Assessment Complexity – Co-Occurring Mental Health, SUD and Problem Gambling Assessment
H0032	Gambling Service Plan Development
H0032HF	Gambling/SUDs Service Plan Development
H0032HE	Gambling/Co-Occurring MH Service Plan Development
H0032HH	Gambling/Co-Occurring MH/SUD Service Plan Development
T1023	Behavioral Health Screening, per 15 min
H0004	Individual Gambling Counseling and therapy, per 15 min
H0004TF	Intensive Outpatient Gambling Treatment Individual Gambling Counseling, per 15 minutes
H0004HF	Co-Occurring Gambling and SUD’s counseling and therapy, per 15 minutes
H0004HE	Co-Occurring Gambling / Mental Health Counseling and therapy, per 15 minutes
H0004HH	Co-Occurring Gambling / SUD/ Mental Health Counseling and therapy, per 15 minutes
H0005	Gambling Treatment counseling, group per 15 min

H0005HF	SUD's group per 15 minutes
H0005HE	Mental Health Group Counseling per 15 minutes
H0005TF	Intensive Outpatient Gambling Treatment counseling group, per 15 minutes
90846	Family Psychotherapy (without the patient present), per service. Service must be longer than 26 minutes.
90847	Family Psychotherapy (conjoint psychotherapy) with the patient present, per service. Service must be longer than 26 minutes.
90849	Multiple-family group psychotherapy, per service. Service must be longer than 26 minutes.
90792	Psychiatric Diagnostic Interview, with medication services
90832	Psychotherapy, with patient and/or family member, per 30 minutes
90837	Psychotherapy, with patient and/or family member, per 60 minutes
96131	Psychological Testing with interpretation and report, per hour
90833	Medication Management, 30 minutes
90836	Medication Management, 45 minutes
90838	Medication Management, 60 minutes
H2027	Individual counseling continuing care, per 15 min
G2100	Continuing Care Group Services, per 15 min for gambler and/or family member
H0038	Peer Delivered Services, per 15 min
H2013	Psychiatric health facility service, per diem Josephine County Respite Services
H0012	Problem Gambling Respite services; acute/sub-acute (residential addiction program), per diem for Baker County Respite Services
H0019	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program Only. For occupied beds only
H0019RB	Residential gambling treatment service, per diem for Marion County Bridgeway Residential Program only. For reserved beds only.
T1016	Case management, per 15 min
T1013	Sign language/oral interpreter service, per 15 min
99203	Eval & management-physical health visit-new patient, 30 minutes max length
99213	Evaluation and management physical health visit, established patient, 15 minutes maximum length

E0001	Engagement referral/consultation services, per 15 minutes
E0011	Engagement with referral, 7 minutes or less. Per Occurrence
G2012	Engagement with current client, per occurrence 0-15 minutes.
D0001	Program Development, per 15 min
P0001	Pathways. Referral Pathway Activities per 15 min
T0001	Training Time, Per 15 minutes

Actual Cost Codes

For the Actual Cost codes, enter the amount billed rounded up to the next whole dollar amount in the number of units and the amount billed.

Counselor* ANDERSON, CRAIG D - NPI: 1497965586

Place of Service Type* 02- Telehealth

Service Type* G0035- Training Costs

Modifier

Units* 62

Billed* 61.52

Diagnostic Codes

Primary* F63.0 - Gambling disorder

Secondary

Informational

Informational

Back to Treatment Summary Save Save and Add New

Code	Description
G0035	Training Costs
G0030	Mileage
F0001	Flex: Non-traditional Services or Activities
F0005	Flex: Nutrition for Events
F0006	Flex: Temporary Housing

Appendix D- Client Entry Conventions

Standard conventions are listed below to help orient new users to the layout and methodologies used in this system.

General Conventions

Browsers	Firefox and Edge
Data Field Entry Order	Always left to right, top to bottom
Drop-down boxes	Allows users to select options from pre-made lists in certain fields. Users can type in the first values to populate valid entries.
Searchable Fields	Enter first few values to populate valid entries.
Free Text Fields	Enter information as requested.
User Header	All pages within PG Net will show user identifying information at the top while the user is logged in, such as name and user role.
Home Facility	This information will display on the left side panel once user roles and facility have been assigned.
Recent Views	The left side panel will display the recently viewed pages within the session for easier access to pages.
Informational Updates	These updates will appear at the top or bottom of the webpage to inform users that an action was completed successfully. Messages will appear in a grey box with an informational icon next to them. Users must select the save button after completing all fields.
Error Messages	Warning and error messages will be in red font either at the top of the screen, in a pop-up box, or attached to the field where the error occurs. Additionally, required field will appear red if an error message is present. Once correct, error message will disappear after saving.
Required Fields	Fields that are required for data submissions in PG Net will have a red asterisk next to them. If a required field is left blank, once the user tries to save, an error message will appear, and the required field will turn red. Once corrected, error messages will disappear after saving.
Optional Fields	Fields that are not marked by a red asterisk are not required fields. Users are highly encouraged to fill in as many of these fields as possible, to provide the most accurate data and quality client care.
Special Characters	Free text fields will accept the following special characters: ! ~ ` ' , \$ ^ * () _ - + = ? / \ [] { }
Data Fields	Key in the data using the format MM/DD/YYYY in all date fields. Some date fields can be chosen by calendar icon.
Save Button	Clicking on the Save button will save all data in that record, as long as all required fields have been filled.
Close/Back Button	Use the Close/Back button to return to the previous screen.
Advanced Button	The Advanced button will pull up additional fields to enter more patient data. To return to the simplified version of the webform select the Basic button.
Clear Button	To clear out the search fields, select the Clear button.
Search Button	Select the Search button to enter your query and pull up matching results.



Important Note: Do not hit the Enter button on the keyboard to save or enter a query. This will cause an error and close out the screen.